

Truck Drivers Application for Employment

Logan's Run, LLC.

4742 Liberty Rd S Unit 520

Salem, OR 97302

Phone: (503)837-0600

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Date Of Application (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

CDL # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Medical Exam Date of Issue \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

List current address and all address at which you have resided during the past 3 years.

Current

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_

Driver's License Information: all licenses held, last 3 years.

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Drivers Experience:

Type of Equipment \_\_\_\_\_ From (Date) \_\_\_\_\_ To (Date) \_\_\_\_\_ Approx. # of Miles \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All Accidents, last 3 years: (If none, write NONE)

Date \_\_\_\_\_ Describe \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Injuries \_\_\_\_\_

Number of miles driven \_\_\_\_\_

Employment Record

DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Were you subject to US DOT alcohol and controlled substances testing requirement? YES NO

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Were you subject to US DOT alcohol and controlled substances testing requirement? YES NO

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Were you subject to US DOT alcohol and controlled substances testing requirement? YES NO

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Were you subject to US DOT alcohol and controlled substances testing requirement? YES NO

I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended) I hereby release employers, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: \_\_\_\_\_

Date \_\_\_\_\_