EMPLOYMENT APPLICATION

Equal Employment Employer

APPLICANT NAME: _____ DATE: _____

Please print

Thanks for your interest in working for us!

Please review these important features of our hiring process:

1. We accept applications at all times only from persons with specific recent experience in certain specialties in our industry. See recruiter for details.

2. Other applications are only accepted if a current vacancy exists.

3. You may be asked to review information about our mission, our high standards for employees and specific job requirements, and certify your understanding, before applying.

4. Your application is **active only for 60 days**.
   (or until the current hiring process closes, whichever is later).
   To be considered for openings after that, an updated application will be required.

5. We conduct background checks, drug testing, job-related testing, and team interviews to learn about you and your abilities before any final hiring decisions are made. All positions are considered safety sensitive.

6. Hiring is a two way process – We encourage you to ask questions and will do our best to answer them.

7. Due to the number of applicants we often have, we cannot notify each and every applicant not selected. Only those selected for further interview will be called.

8. Sometimes internal candidates are being considered along with outside applicants.

9. All job offers are contingent on passing our fitness for duty assessment.
   Job offers are not final until confirmed in writing.

10. Our employees deserve the best co-workers possible. Therefore we reserve the right to hire the best qualified person for the job.

PLEASE INITIAL THIS AFTER READING ABOVE _____

3808 N. Sullivan, Bldg. 32K
Spokane Valley, WA 99216
Phone: 509-922-0944
Fax: 509-242-4429

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
All qualified applicants considered regardless of race, religion, color, age, sex, marital status, sexual orientation, nationality, veteran status or non-disqualifying disability.

WASHINGTON STATE DRIVER APPLICATION

APPLICATION FOR CDL DRIVERS COVERED BY DOT REQUIREMENTS: The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Inland Empire Distribution Systems.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." This is important!

How were you referred to us?

☐ Newspaper ☐ Employee Referral (name)_____ ☐ School (name)_____

☐ Walk-In ☐ Internet Job Site (name)_____ ☐ Other (explain)_____

Date_____ Check One: ☐ Contractor ☐ Contractor's Driver ☐ Driver

Name_____ Are you at least 21 years of age? ☐ Yes ☐ No
(First) (Middle) (Last)

Phone_____ Emergency No. _____ Date of Birth _____ Tobacco User? ☐ Yes ☐ No

Email Address _____ Soc. Security No. _____

Current & Three Years Previous Addresses

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Can you provide proof that you can be lawfully employed in the U.S? _____.
Have you applied for work here before? _____.
Do any of your relatives or persons of the same household work here? If Yes, Please give their name(s).
_____
We routinely check the criminal backgrounds of applicants after a job offer is presented. Results do not necessarily disqualify an applicant.
Any prior commitments which would require absence of more than a few hours in the next 12 months_____
Are you physically able to safely and effectively perform all essential functions of the job with or without accommodation?
_____

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post-Graduate: 1 2 3 4

Give a **Complete Record** of all employment for the past ten years, including any unemployment or self-employment, and all commercial driving experience.

Next Previous Employer

From_____ To _____ Name _____
(Mo/Yr) (Mo/Yr)

Supervisor's Name _____ Address _____
(Street) (City) (State/Zip)

Position Held _____ Phone # (_____) _____

Reason for Leaving _____ May we Contact? ☐ Yes ☐ No

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Next Previous Employer

From_____ To _____ Name _____
(Mo/Yr) (Mo/Yr)

Supervisor's Name _____ Address _____
(Street) (City) (State/Zip)

Position Held _____ Phone # (_____) _____

Reason for Leaving _____ May we Contact? ☐ Yes ☐ No

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Next Previous Employer

From_____ To _____ Name _____
(Mo/Yr) (Mo/Yr)

Supervisor's Name _____ Address _____
(Street) (City) (State/Zip)

Position Held _____ Phone # (_____) _____

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Next Previous Employer

From_____ To _____ Name _____
(Mo/Yr) (Mo/Yr)

Supervisor's Name _____ Address _____
(Street) (City) (State/Zip)

Position Held _____ Phone # (_____) _____

Reason for Leaving _____ May we Contact? ☐ Yes ☐ No

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Driving Experience

Class of Equipment	Dates From	To	Approximate Number of Miles (Total)
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years_____

_____

List special courses/training completed (PTD/DDC, Haz Mat, etc.) _____

What Safe Driving Awards do you hold and from whom? _____

Accident Record for past three years *(attach sheet if more space is needed)*

Dates	Nature of Accident (Head on, rear end, upset, etc.)	# of Fatalities	# of People Injured

Traffic Convictions for Forfeitures for the last three years *(other than parking violations)*

Location	Date	Charge	Penalty

Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	Expiration Date

A.Have you ever been denied a license, permit or privilege to operate a motor vehicle? ..... ☐ Yes ☐ No

B.Has any license, permit or privilege ever been suspended or revoked? ..... ☐ Yes ☐ No

If the answer to A or B is YES, give details._____

_____

_____

Personal Reference

List three persons for reference, other than relatives, who have knowledge of your safe driving habits.

Name _____ Phone_____ Address_____

Name _____ Phone_____ Address_____

Name _____ Phone_____ Address_____

To Be Read and Signed by Applicant

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal.

I authorize this employer to investigate my background thoroughly, including a full credit report, and agree to assist in such investigation. I release and hold harmless and promise not to claim damages from any of my prior employers listed above for providing information. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or employment. I understand that refusal to take such tests may be cause for denial of employment or my dismissal. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State, or Federal law enforcement authorities.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT. I agree to present personal photo identification and proof of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids any offer of employment.

I understand that employment may be contingent upon a post offer physical examination by a medical doctor.
Upon an offer of employment, I authorize the examining doctor, clinic, or organization to release to this employer any information requested to assess my ability to safely and effectively perform essential work functions.

Applicant's Signature Date

Please email the completed or printed application to jeffglidden@ieds.net

Additional Information: