



PO BOX 402, Sweet Home, OR 97386

POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_ PHONE/CELL \_\_\_\_\_  
 (First) (Middle) (Last)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (Street) (City) (State & Zip Code)

DATE OF BIRTH \_\_\_\_\_ CAN YOU PROVIDE PROOF OF AGE?  YES  NO

SOCIAL SECURITY NO. \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**ADDRESS FOR PAST THREE YEARS IF LESS THAN AT CURRENT ADDRESS**

\_\_\_\_\_  
 (Street) (City) (State & Zip Code) DATES \_\_\_\_\_

\_\_\_\_\_  
 (Street) (City) (State & Zip Code) DATES \_\_\_\_\_

Have you ever been known by any other name?  YES  NO Name: \_\_\_\_\_

Do you have the legal right to work in the United States?  YES  NO

Have you had a valid United States license for the past 36 months?  YES  NO

Have you worked for Horner Enterprises Inc. before?  YES  NO

DATES: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Rate of Pay Expected/Desired? \_\_\_\_\_

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the job description]?  YES  NO

**EXPERIENCE AND QUALIFICATIONS**

**DRIVER LICENSES and PERMITS:**

Please provide driver's license information (and permits) for all licenses (permits) held in the past 3 years

| STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-------|-------------|------|-----------------|
|       |             |      |                 |
|       |             |      |                 |
|       |             |      |                 |

CDL Endorsements?  None  Tanker  Doubles/Triples  Hazmat  X Endorsement  TWIC

**EQUIPMENT EXPERIENCE**

| TYPE OF EQUIPMENT | DATES |    | APPROX NO OF MONTHS (TOTAL) |
|-------------------|-------|----|-----------------------------|
|                   | FROM  | TO |                             |
|                   |       |    |                             |

|              |  |  |  |
|--------------|--|--|--|
| CAT          |  |  |  |
| EXCAVATOR    |  |  |  |
| WHEEL LOADER |  |  |  |
| OTHER        |  |  |  |

**DRIVING EXPERIENCE**

| CLASS OF EQUIPMENT<br>CIRCLE YES (Y) OR NO (N)         | TYPE OF EQUIP.<br>(VAN,TANK, FLAT,<br>DUMP,REFER) | DATES      |          | APPROX NO OF MONTHS<br>(TOTAL) OR MILES<br>(TOTAL) |
|--|---|------------|----------|--|
|  |   | FROM (M/Y) | TO (M/Y) |  |
| STRAIGHT TRUCK Y/N                                     |   |            |          |  |
| TRACTOR / SEMI-TRAILER Y/N                             |   |            |          |  |
| TRACTOR/TWO TRAILERS Y/N                               |   |            |          |  |
| TRACTOR/THREE TRAILERS Y/N                             |   |            |          |  |
| DUMP TRUCK Y/N   |   |            |          |  |
| MOTORCOACH-SCHOOL BUS<br>(more than 8 passengers) Y/N  |   |            |          |  |
| MOTORCOACH-SCHOOL BUS<br>(more than 15 passengers) Y/N |   |            |          |  |
| OTHER  |   |            |          |  |

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF NECESSARY)**

| DATES | NATURE OF ACCIDENT<br>(HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIE<br>S | HAZARDOUS MATERIAL<br>SPILL |
|-------|--|------------|--------------|-----------------------------|
|       |  |            |              |                             |
|       |  |            |              |                             |
|       |  |            |              |                             |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS  
(OTHER THAN PARKING VIOLATIONS) If NONE, WRITE NONE**

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS**

C. Have you had a DUI, DWI, or OVI?  YES  NO  
If yes, please list date of offense, jail time, fine and or suspension time \_\_\_\_\_

D. Have you ever been convicted of a felony?  YES  NO  
If yes, please give date and nature of offense, city, county, state and any fines and time served \_\_\_\_\_

E. Have you ever been convicted of a misdemeanor?  YES  NO  
If yes, please list date and nature of offense, city, county and state. also jail time, probation, or fines \_\_\_\_\_  
\_\_\_\_\_

List States operated in for last 5 years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Special Courses or Training that will help you as a driver?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Trucking, Transportation or other experience that may help in your work for this company?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

**CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4**

Last School Attended:  
\_\_\_\_\_

Have you been to Truck Driving School?  YES  NO School Name  
\_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**EMPLOYMENT RECORD (Attach Sheet If More Space Is Needed)**

**LAST EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

ACCOUNT FOR PERIODS BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

**SECOND EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

ACCOUNT FOR PERIODS BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

**THIRD EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

ACCOUNT FOR PERIODS BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

**FOURTH EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

ACCOUNT FOR PERIODS BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

**FIFTH EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

ACCOUNT FOR PERIODS BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

*\*Any Gaps in employment and/or unemployment must be explained.*

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### TO BE READ AND SIGNED BY APPLICANT

*I declare the information given on this application to be completed by me and true under penalty of perjury. By my signature below, Applicant(s) hereby grants permission to the owner/manager and/or agents to obtain a CRIMINAL BACKGROUND CHECK: By my signature below, I authorize Horner Enterprises, Inc. and/or agents to do a criminal background check with the local Police Department, Probation and Parole Officer, County Sheriff and Oregon State Patrol. I have read and understand the above.*

*I authorize you to make such investigations 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, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.*

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

- *Review information provided by current/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.*

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Date

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Applicant's Signature

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## Controlled Substance and Alcohol Questionnaire

Date: \_\_\_\_\_

Name (Print): First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_

|  |     |    |
|--|-----|----|
| Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years? | YES | NO |
|--|-----|----|

|          |   |     |    |
|----------|---|-----|----|
| If YES – | Have you successfully completed the return-to-duty process? | YES | NO |
|----------|---|-----|----|

|          |   |
|----------|---|
| If YES – | Documentation <b>MUST BE PROVEDED</b> before any safety-sensitive transportation function is performed. |
|----------|---|

Applicant's Signature

\_\_\_\_\_

Date Signed \_\_\_\_\_



## MVR INQUIRY RELEASE

In connection with my employment with **Horner Enterprises, Inc (HEI)**, I understand that investigative background inquiries may be made annually of my motor vehicle reports. Further, I understand HEI may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, which may include information but not limited to files of insurance companies.

I hereby authorize and release, without reservation, any party or agency contracted by Horner Enterprises, Inc. and their employees or assigns from any and all claims, actions, suits, agreements, or liabilities arising from the release of said information to **Horner Enterprises, Inc.** or any authorized agent thereof. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

I am entitled to receive a free copy of my report before any adverse decision with regard to my driving privileges or employment is made in connection with the information obtained from these reports.

Note: Before signing this document, read it thoroughly and complete all requested information. If not applicable, indicate by drawing a line through the section.

I have read and understand the above notice.

\_\_\_\_\_  
S i g n a t u r e  
Date

\_\_\_\_\_  
Print Name (Please print name exactly as it appears on your driver's license)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone number, (including Area Code)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number