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3025 W. 7th Place Eugene, OR 97402
 Phone: (541) 485-4050 Fax: (541) 743-4389

Application for Employment (Commercial Motor Vehicle Drivers)

In order to be considered for employment, this application must be completed entirely. Please remember to print clearly, and to read and sign the last page.

SECTION 1

Position applied for: _____

Date: _____

 Full Name

 Home Phone #

 Current Address

 Daytime/Message #

 City State Zip

 Driver License Number

 Social Security Number

 Driver License State

 Driver License Expiration

SECTION 2

Please list all the addresses in which you have resided in the past 3 years:

 Previous Address City State Zip How Long?

 Previous Address City State Zip How Long?

 Previous Address City State Zip How Long?



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SECTION 3

Please list the nature and extent of your experiences in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semi-trailers, full trailers, and pole trailers) which you have operated:

SECTION 4

List all motor vehicle accidents in which you were involved during the 3 years prior to completing this application. Please use the other side of this form if you need more room.

Nature of Accident

_____ Date of occurrence

_____ Fatalities or personal injuries?

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_____ Fatalities or personal injuries?



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SECTION 5

Please list any details of any denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to you:

I hereby certify that no denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle has been issued to me: _____

Please initial

SECTION 6

Please list the names and addresses of your former employers during the 3 years prior to completing this application, including the dates you were employed and reason for leaving. For drivers applying to operate a commercial motor vehicle, a list of employment information during the 7-year period preceding the 3 years prior to completing this application must be furnished.

_____ Employer #1	_____ Present/last position	_____ From: mo. / year
_____ Address		_____ To: mo. / year
_____ Supervisor's name	_____ Phone #	Full time ___ Part time ___
Duties/responsibilities (be specific): _____		Hrs/week worked: Paid _____ Unpaid _____
_____		\$ _____ Per hour
_____		\$ _____ Per month
_____		\$ _____ Per year
Reason for Leaving: _____		_____
May we contact this employer? Yes _____ No _____		Last yearly salary



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Employer #2 _____ Present/last position _____ From: mo. / year _____

Address _____ To: mo. / year _____

Supervisor's name _____ Phone # _____ Full time ___ Part time ___

Duties/responsibilities (be specific): _____ Hrs/week worked: _____
Paid _____ Unpaid _____

_____ \$ _____ Per hour

_____ \$ _____ Per month

_____ \$ _____ Per year

Reason for Leaving: _____ Last yearly salary _____

May we contact this employer? Yes _____ No _____

Employer #3 _____ Present/last position _____ From: mo. / year _____

Address _____ To: mo. / year _____

Supervisor's name _____ Phone # _____ Full time ___ Part time ___

Duties/responsibilities (be specific): _____ Hrs/week worked: _____
Paid _____ Unpaid _____

_____ \$ _____ Per hour

_____ \$ _____ Per month

_____ \$ _____ Per year

Reason for Leaving: _____ Last yearly salary _____

May we contact this employer? Yes _____ No _____



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Employer #4 Present/last position

From: mo. / year

Address

To: mo. / year

Supervisor's name Phone #

Full time ___ Part time ___

Duties/responsibilities (be specific):

Hrs/week worked:

Paid ___ Unpaid ___

\$ ___ Per hour

\$ ___ Per month

\$ ___ Per year

Reason for Leaving: _____

Last yearly salary

May we contact this employer? Yes ___ No ___

Employer #5 Present/last position

From: mo. / year

Address

To: mo. / year

Supervisor's name Phone #

Full time ___ Part time ___

Duties/responsibilities (be specific):

Hrs/week worked:

Paid ___ Unpaid ___

\$ ___ Per hour

\$ ___ Per month

\$ ___ Per year

Reason for Leaving: _____

Last yearly salary

May we contact this employer? Yes ___ No ___



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Employer #6 Present/last position

From: mo. / year

Address

To: mo. / year

Supervisor's name Phone #

Full time ___ Part time ___

Duties/responsibilities (be specific):

Hrs/week worked:

Paid ___ Unpaid ___

\$ ___ Per hour

\$ ___ Per month

\$ ___ Per year

Reason for Leaving: _____

_____ Last yearly salary

May we contact this employer? Yes ___ No ___

Employer #7 Present/last position

From: mo. / year

Address

To: mo. / year

Supervisor's name Phone #

Full time ___ Part time ___

Duties/responsibilities (be specific):

Hrs/week worked:

Paid ___ Unpaid ___

\$ ___ Per hour

\$ ___ Per month

\$ ___ Per year

Reason for Leaving: _____

_____ Last yearly salary

May we contact this employer? Yes ___ No ___



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SECTION 7

Education

Place a checkmark next to the highest grade level completed in school: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

High School:

Name of school Location Diploma/Degree: _____

College:

Name of school Location Diploma/Degree: _____

Vocational or

Training Name of school Location Diploma/Degree: _____

SECTION 8

Additional Information

Professional memberships and affiliations: _____

Professional trade license: _____

Have you ever been employed by this company before: When and what position?



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SECTION 9

Job Analysis

Job Title: Driver
Work Hours: 7:30 a.m. to 4:00 p.m. (Schedule may vary)
Number of days worked: Monday through Friday (5 days per week)
Day Shift

Equipment

Tractor trailer combination

Summary of Job Tasks

- Operation of tractor/trailer combination safely and lawfully
- Keep accurate damage and inventory reports
- Maintain logbook as required by D.O.T.
- Deliver product with no damage by securing product
- Train & supervise delivery helpers to avoid damage
- Perform daily inspections of vehicles
- Communicate with install division regarding status of job sites

Skills/Training Required to Perform Duties (Driver Requirements)

A driver must meet the following requirements:

- Be in good health and physically able to perform all duties of a driver
- Be at least 21 years of age
- Speak and read English well enough to converse with the general public, understand highway traffic signs and signals, respond to official questions, and be able to make legible entries on reports and records
- Be able to drive the vehicle safely
- Know how to safely load and properly block, brace, and secure the cargo
- Have only one valid commercial motor vehicle operator’s license
- Provide an employing motor carrier with a list of all motor vehicle violations or a signed statement that the driver has not been convicted of any motor vehicle violations during the past 12 months. A disqualified driver must not be allowed to drive a commercial motor vehicle for any reason.
- Pass a driver’s road test or equivalent
- Complete an application for employment
- Possess a valid medical certificate
- Ability to lift and handle cabinets
- Demonstrate effort to work with others
- Must be reliable and have transportation
- Must be able to take directions from supervisor

Physical Requirements

I can meet all requirements listed Yes _____
No _____ I cannot meet all of the above requirements unless the following accommodations are made (please explain):



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SECTION 10

Please read the following Carefully Before Signing this Application

Lanz Cabinet Shop, Inc. is an equal opportunity employer and does not discriminate on the basis of sex, age, race and color, religion, marital status, national origin, handicap or veteran status.

Interviews are given on a competitive basis, using job-related factors, after written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed.

I certify that I have answered truthfully and have not knowingly withheld information on my application. I understand that any misrepresentation or material omission on this application will result in being eliminated for further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission, which becomes known to Lanz Cabinet Shop, Inc. will result in immediate termination of my employment.

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give Lanz Cabinet Shop’s representatives any and all information regarding my previous employment and me. I release Lanz Cabinet Shop and all previous employers and supervisors from liability for any damages that may result from furnishing information to Lanz Cabinet Shop.

I understand that if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with Lanz Cabinet Shop.

In consideration of my employment, I agree to the instructions, rules and policies of Lanz Cabinet Shop. My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. I agree that any disputes arising from my employment or termination of my employment will be resolved under the grievance procedure that is in effect in the employer’s policy handbook manual. I understand that no representative of the company has any authority to enter into any agreement for the employment for any specified period of time, or to make any agreement contrary to the foregoing.

I have read and understand all the information presented to me.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant’s signature

Date