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EMPLOYER: \_\_\_\_\_  
Name Supervisor / Title / Department Name

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Employer Address Employer Telephone

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Employed From: mo./yr. To: mo./yr.

Your job title/responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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## ACKNOWLEDGEMENT

By my signature placed below, I affirm that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date.

I authorize the investigation of all statements contained in this application any other materials I have attached. I agree to sign the "Applicant's Authorization to Release Information" form and authorize Transport Wisdom, and any third-party background service company that they are contracted with, to contact my present employer, past employers, and any other person or entity with knowledge of me.

I also understand and agree to the following:

1. If I am offered employment with Transport Wisdom, this offer is contingent upon my successful completion of a criminal record check, pre-employment drug screening and driving records check as required by the State of Oregon, Department of Motor Vehicles. This includes authorizing any third-party background service company as contracted by Transport Wisdom.
2. I will produce applicable documents showing that I am an United States citizen or alien lawfully authorized to work in the United States, within the time frame specified by Transport Wisdom to meet the Immigration Reform and Control Act requirements.
3. I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, subject to Transport Wisdom's policies and rights provided by written contract.
4. The accuracy of records furnished by the Oregon State Police or Federal Bureau of Investigation may be challenged only in accordance with the rules and procedures of those agencies. A determination that an applicant's own criminal history should not disqualify the applicant may be challenged under Transport Wisdom's Policy related to criminal history and background checks.

I understand that if I fail to comply with any of the requirements set forth above, an offer of employment will be rescinded, or my employment will be terminated.

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Applicant's Signature

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Date



## Applicants' Authorization To Release Information

My employers (both current and past) and their supervisors and managers, education Institutions and those to whom inquiry is made about me are authorized to give Transport Wisdom any and all information including opinions concerning my employment and any other pertinent information they may have about my professional abilities and accomplishments and personal traits and characteristics in order to assess my capacity for success and achievement at Transport Wisdom. I authorize Transport Wisdom to obtain criminal history information from the Oregon State Police/Federal Bureau of Investigations to the extent authorized by law. I authorize Transport Wisdom to obtain information about me from such third parties as they may see fit to contact. I release and agree to hold harmless all persons or entities from liability for any and all claims that could be alleged related in any way to furnishing information to Transport Wisdom. I also release Transport Wisdom and all of its agents, officials, employees, contractors, and insurers from all liability in any way related to gathering and relying upon the information furnished. I authorize Transport Wisdom to obtain such information confidentially, and I agree that Transport Wisdom may maintain the confidentiality of such information and may not be required to disclose it to me or to any other person at my request. I understand that such information will constitute a "public record" which is exempt from public disclosure to the full extent provided by Oregon law.

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Applicant's Name (please print)

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Social Security Number

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Applicant's Signature

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Date