Application for Employment

Transport Wisdom accepts applications only for specific available positions. Applications are required. Resumes may be attached however they do not substitute for the application or any part thereof. Incomplete applications will not be considered.

Applicants selected for employment will be required to submit to a criminal history background check and pre-employment drug and alcohol test.

DATE: _____

NAME: _____
First Middle Last

_____
Street Address City State Zip Code

TELEPHONE: ( ) _____- _____ EMAIL: _____

LENGTH OF TIME NEEDED BEFORE STARTING POSITION _____

Are you a "Veteran" as defined under Oregon law (ORS 408.225(f)? [ ] YES [ ] NO
If you answer "yes" to this question, your service record should be reflected in the Work Experience section of your application

Are you a "Disabled Veteran" as defined under Oregon law (ORS 408.225(c)? [ ] YES [ ] NO
If you answer "yes" to this question, your service record should be reflected in the Work Experience section of your application

Are you eligible to work in the United States? [ ] YES [ ] NO
(Proof of eligibility will be required before you can be employed)

Are you at least 18 years of age? [ ] YES [ ] NO
(State Law requires work permits for those ages 14-17)

How did you hear about this job opening?_____

Do you have a valid driver's license? [ ] YES [ ] NO

If "yes", please provide: State of Issue _____License No._____Exp_____

CDL: Yes _____ No _____ Date CDL issued or renewed: _____

List endorsements:_____

_____

TRANSPORT WISDOM

Education and Training

Do you have a high school diploma or GED certificate? [ ] YES [ ] NO

Please list any college, military, trade, business or other schools attended:

Name and Location	Type of Training or Major	No. of Hours Completed	Did you Graduate? State year	Certificate Diploma/ Degree

Skills and Abilities

Describe skills, abilities, foreign languages, etc. which will assist in evaluating your qualifications for the position for which you are applying:

_____

_____

_____

_____

Work Experience (Ten Year Minimum)

List past work experience as completely as possible beginning with latest employer. Account for all periods of time including military service, college and any periods of unemployment for the previous ten years. **If self-employed, provide firm name and business references.** If additional space is needed, please attach a separate sheet of paper.

EMPLOYER: _____

Name Supervisor / Title / Department Name

_____

Employer Address Employer Telephone

_____

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

Your job title/responsibilities: _____

_____

_____

_____

Reason for Leaving: _____

May we contact your current employer? Yes/No

EMPLOYER: _____

Name Supervisor / Title / Department Name

_____

Employer Address Employer Telephone

_____

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

Your job title/responsibilities: _____

_____

_____

_____

Reason for Leaving: _____

EMPLOYER: _____

Name Supervisor / Title / Department Name

_____

Employer Address Employer Telephone

_____

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

Your job title/responsibilities: _____

_____

_____

_____

Reason for Leaving: _____

EMPLOYER: _____

Name Supervisor / Title / Department Name

_____

Employer Address Employer Telephone

_____

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

Your job title/responsibilities: _____

_____

_____

_____

Reason for Leaving: _____

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 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.

Applicant's Signature _____ 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.

Applicant's Name (please print)	Social Security Number
Applicant's Signature	Date