

Airport Drayage

6331 NE 112th Ave

Portland, OR 97220

APPLICATION FOR OPERATIONS POSITIONS

(Answer all questions – Please Print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Name: _____

Last

First

Middle

Social Security No. _____

Current Address: _____

Street

City

State

Zip

Phone No.: (____) _____

Email Address: _____

Date of Birth ____/____/____ Can you provide proof of age? _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Have you worked for this company before? _____ What location _____

Do you have the legal right to work in the United States? Yes _____ No _____

Who referred you? _____ Rate of pay expected _____

List your addresses of residency for the past 5 years.

Previous Address: _____ How long _____

Street

City

State/Zip

Previous Address: _____ How long _____

Street

City

State/Zip

Previous Address: _____ How long _____

Street

City

State/Zip

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes _____ No _____

EMPLOYMENT HISTORY

List complete mailing address, street number, city, state and zip code and all phone numbers. (Incomplete applications will not be considered).

NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary

Do we have permission to contact your "current employer?" YES NO Comments: _____

Current Employer:	Company:	Position Held:	
Dates of Employment	Address:		
From:	City:	State:	Zip:
Month / Year	Telephone: ()		
To:	Supervisor:	Full or Part Time:	
Month / Year	Reason for leaving:		

NEXT EMPLOYER:	Company:	Position Held:	
Dates of Employment	Address:		
From:	City:	State:	Zip:
Month / Year	Telephone: ()		
To:	Supervisor:	Full or Part Time:	
Month / Year	Reason for leaving:		

NEXT EMPLOYER:	Company:	Position Held:	
Dates of Employment	Address:		
From:	City:	State:	Zip:
Month / Year	Telephone: ()		
To:	Supervisor:	Full or Part Time:	
Month / Year	Reason for leaving:		

NEXT EMPLOYER:	Company:	Position Held:	
Dates of Employment	Address:		
From:	City:	State:	Zip:
Month / Year	Telephone: ()		
To:	Supervisor:	Full or Part Time:	
Month / Year	Reason for leaving:		

NEXT EMPLOYER:	Company:	Position Held:	
Dates of Employment	Address:		
From:	City:	State:	Zip:
Month / Year	Telephone: ()		
To:	Supervisor:	Full or Part Time:	
Month / Year	Reason for leaving:		

If necessary, attach an additional sheet to show employment for last 5 years.

If unemployed during the past (5) years give dates of the unemployment and explain why you were unemployed and provide references who can verify such unemployment:

NAME: _____ Phone: (____) _____

NAME: _____ Phone: (____) _____

Have you ever been discharged from any job? YES ___ NO ___ If yes, please list name of companies and reason for discharge:

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Applicant Signature

Date

Fair Credit Reporting Act
Disclosure Statement

In accordance with the provisions of Section 604(b)2(a) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I of Public Law 104-208) and the Driver's Protection Act (18 USC 2721 et seq.), you are being informed that the reports verifying your previous employment, previous drug and alcohol test results, driving record, and background check may be obtained on you for employment purposes. Your signature below authorizes Airport Drayage to obtain this information.

Applicant's Signature

Printed Name

Date

Social Security Number

Applicant's Signature

Printed Name