



541-826-2411



5758 CRATER LAKE AVE.
CENTRAL POINT, OR 97502
WWW.RBBROWNS.COM



800-664-0049

Dear Applicant,

Please be extremely thorough when filling out this application for hire.

You are expected to provide a correct address, phone number, and fax number when referencing your past employers. Please remain aware of how your hand writing looks to someone other than yourself, I must be able to read your responses, along with the owner.

✓ **Your application will be rejected if it is incomplete.**

When you have completed the application, please return all pages to the accounting office for further review. If we have an available position, you will receive a phone call from the owner. Please remember that the economy right now is hard to judge, so when a job opening becomes vacant is hit and miss. Thank you for understanding and applying with R.B. Browns Trucking Inc.

Application For Employment Commercial Drivers

For Employment With
R. B. Browns Trucking Inc.
5758 Crater Lake Ave
Central Point, OR 97502

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date _____

Position(s) Applied For _____

Name _____ Date of Birth _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Social Security Number _____

Previous Address _____ How Long _____
(Go Back 3 years) Street City State Zip

Address _____ How Long _____
Street City State Zip

Can you legally be employed in the United States? _____ Do you have any proof of age? _____
Required for commercial drivers

Have you ever been employed by this company before? _____ If so, When? _____

What was your rate of pay? _____ Position Held? _____

Reason for leaving _____

Currently _____ May we contact your present employer? _____

If not, How long since you were last employed? _____ What pay rate are you expecting? _____

How did you hear about this company? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

Employment History Past 10 Years

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

Employer:		Contact:	Phone:
Date:	From: <u> / / </u>	Address: _____	
	To: <u> / / </u>	City: _____ State: _____ Zip: _____	
Position:	_____	Reason for Leaving: _____	
Salary:	_____		

Employer:		Contact:	Phone:
Date:	From: <u> / / </u>	Address: _____	
	To: <u> / / </u>	City: _____ State: _____ Zip: _____	
Position:	_____	Reason for Leaving: _____	
Salary:	_____		

Employer:		Contact:	Phone:
Date:	From: <u> / / </u>	Address: _____	
	To: <u> / / </u>	City: _____ State: _____ Zip: _____	
Position:	_____	Reason for Leaving: _____	
Salary:	_____		

Employer:		Contact:	Phone:
Date:	From: <u> / / </u>	Address: _____	
	To: <u> / / </u>	City: _____ State: _____ Zip: _____	
Position:	_____	Reason for Leaving: _____	
Salary:	_____		

Please use this space for comments, additional information, or to explain periods of time between employers.

Driving Qualifications And Experience

LICENSES HELD

State: _____ License No: _____ Type: _____ Expiration Date: _____
 State: _____ License No: _____ Type: _____ Expiration Date: _____
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 State: _____ License No: _____ Type: _____ Expiration Date: _____

EQUIPMENT EXPERIENCE

Equipment Class (Please Check)	Equipment Type (Please Check)	For How Long?	Total Miles (Approx.)
Tractor			
Tractor w/ Two-Trailers			
Straight Truck			
Other			

In what states have you operated in the past three years?

Have you ever had your license revoked or suspended? _____ If so, when and where? _____
 Why? (Please Explain) _____

Have you ever been convicted of a felony? _____ If so, when and where? _____
 Why? (Please Explain) _____

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past two years? Yes _____ No _____

Accidents And Violations

ACCIDENTS IN THE PAST THREE YEARS (List most recent first - attach additional sheets if necessary)

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____ Describe: _____
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TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: _____ Where? _____ Violation: _____ Penalty: _____
 Date: _____ Where? _____ Violation: _____ Penalty: _____
 Date: _____ Where? _____ Violation: _____ Penalty: _____

Carefully Read The Following And Sign

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature _____

Date _____

(Do not write below this line - Office use only)

Interview Notes

Date: _____

Interviewer: _____

Comments: _____

Application Results

Hired or Rejected? _____

Hire Date: _____

Position: _____

If rejected, why? _____

Date to Start: _____

Starting Pay: _____

Comments, Complaints, Etc. : _____

Termination Date: _____

Quit or Dismissed? _____

Why? _____

**Request And Consent
For Information From
Previous Employer**

By signing below, I authorize my former employer listed hereafter to release the information requested in regard to my employment and controlled substance testing to _____ as dictated by the Federal Motor Carrier Safety Regulations. As my former employer, I release you from any liability which might be the result of providing this information.



(Please Print) Driver's Name Social Security # Driver's Signature Date

Information Requested From

Previous Employer's Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

To Whom It May Concern:

The person named above has, while seeking employment with this company as _____ stated that he/she held a position with your company as _____ from _____ to _____. Your time in answering the questions in the form below is greatly appreciated. Be assured that you provide this information in confidence, to assist in this company's hiring process. Thank you for your assistance

Signature and Title of Company Representative

Please answer the following questions

During what period of time was this individual employed with you? From: ___ / ___ / ___ To: ___ / ___ / ___
Did the individual operate a motor vehicle? _____ If so, what type? Tractor-Trailer _____ Straight Truck _____
Other (Please Explain): _____
How would you describe his/her conduct? Good _____ Fair _____ Poor _____
Did this individual perform their duties safely? _____
At what wage/salary was he/she employed? _____
Under what circumstances did the individual leave your employ? _____
In the past three years, did this person test positive for any controlled substances? _____
If so, please list the name and address of the Professional Testing Organization that performed the test. _____

**Request And Consent For
Information From Previous
Employer Continued**

By signing the previous page I authorize the aforementioned company to release and forward any information regarding my Alcohol and Controlled Substances Testing/Training records to:

Prospective Employer

Has this person tested positive for a controlled substance in the last two years?

Yes _____ No _____

Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two years?

Yes _____ No _____

Has this person refused a required test for drugs or alcohol in the last two years?

Yes _____ No _____

Has this person, to your knowledge, failed a drug or alcohol test for a previous employer?

Yes _____ No _____

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

SAP (Name): _____ Phone Number: _____

Address: _____

Completed By: _____ Date: _____

Received By: _____ Date: _____

Received By: Phone: _____ Fax: _____ Personal Interview: _____ Mail: _____