



# COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

Use this application when applying for a commercial driving position. For all other positions, use the form titled "Application for Employment". Please legibly print all information requested. Completed applications may be returned by:

Mail: **AFCO Distribution Attn: Human Resources** E-mail [HR@afcodistribution.com](mailto:HR@afcodistribution.com)  
11016 E. Montgomery Ave. Spokane Valley, WA 99206

Today's Date:		Mail: <b>AFCO Distribution Attn: Human Resources</b> E-mail <a href="mailto:HR@afcodistribution.com">HR@afcodistribution.com</a> 11016 E. Montgomery Ave. Spokane Valley, WA 99206	
Last Name	First Name	Middle Name	Maiden Name
Present address: Street _____ City _____ State _____ Zip _____			How long at current address?
Previous address if less than three years (attached separate sheet if multiple addresses): Street _____ City _____ State _____ Zip _____			
Telephone Number:	Email Address:	Date of Birth (required for commercial drivers):	Are you currently authorized to work in the united states? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of eligibility will be required if hired.</i>
Position applied for:			Wage desired: \$
Location: <input type="checkbox"/> Spokane Valley Distribution Center <input type="checkbox"/> Spokane Valley Mill			
Days available to work: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat			Hours per week available to work:
Employment desired: <input type="checkbox"/> Full Time Only <input type="checkbox"/> Part Time Only <input type="checkbox"/> Full or Part Time <input type="checkbox"/> Seasonal			When are you available to start work?
Have you ever applied to or worked for AFCO Distribution before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain (include date):			
Do you have any friends, relatives or acquaintances working for the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", state name and relationship:			
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed:			
<i>The company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to medical examination conducted by a medical professional.</i>			

EDUCATION				
High School				
Name	Mailing Address	Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma <input type="checkbox"/> GED <input type="checkbox"/> Did not finish <input type="checkbox"/>
College				
Name	Mailing Address	Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major or Degree
Business or Trade School				
Name	Mailing Address	Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major or Degree

MILITARY				
Have you ever served in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," Date Entered: _____	Specialty: _____	Are you currently a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Discharged: _____

Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," please explain the number of convictions, nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.
<i>A conviction record will not necessarily disqualify you from employment.</i>	

## DRIVING HISTORY

Do you currently possess a valid commercial driver license?  Yes  No If yes, please check applicable class:  A  B  C Please check applicable endorsements:  Hazmat (H or X)  Tank Vehicle (N or X)  Doubles/Triples (T)  Air Brake Restriction (K)

Have you had any suspensions or revocations in the last three years?  Yes  No Have you had any DUI, DWI, BAC, controlled substance or open container convictions in the last five years?  Yes  No Have you had any of the following violations in the last three years? (check all that apply)  
 15 mph or more over the speed limit.  
 Racing / exhibition driving.  
 Careless, reckless or imprudent driving.

What is your means of transportation to work:

**Accident Record:** List all accidents for the past three years. Attach an additional sheet if more space is needed. If none, write "none".

	<u>Date</u>	<u>Nature of Accident (head-on, rear-end, upset, etc.)</u>	<u>Injuries</u>	<u>Fatalities</u>	<u>Hazardous Material Spill</u>
1. Last Accident:					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Next Previous:					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Next Previous:					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Traffic Convictions:** List all moving violations and forfeitures for the past three years. Attach an additional sheet if more space is needed. If none, write "none".

	<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
1.				
2.				
3.				

**Driver License History:** List all driver licenses or permits held in the past three years. Attach an additional sheet if more space is needed.

	<u>State of Issue</u>	<u>License Number</u>	<u>Type</u>	<u>Endorsements</u>	<u>Restrictions</u>
Current:					
Previous:					
Previous:					

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If the answer to either A or B is yes, give details:

List states operated in for the last five (5) years:

	<u>Class of Equipment</u>	<u>Type of equipment (van, tank, flat, etc.)</u>	<u>Dates</u>		<u>Approx. # of miles (total)</u>
			<u>From</u>	<u>To</u>	
<input type="checkbox"/>	Straight Truck				
<input type="checkbox"/>	Tractor / Semi-Trailer				
<input type="checkbox"/>	Tractor & Two+ Trailers				
<input type="checkbox"/>	Other:				

## COMPUTER SKILLS

Typing:  Yes  No WPM: \_\_\_\_\_ Word Processing:  Yes  No Spreadsheets:  Yes  No 10-Key:  Yes  No

Please list experience with specific computer applications / programs or other skills here:

## REFERENCES

*Please list two references other than relatives:*

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**OTHER INFORMATION**

*Please use this space to elaborate on any background, experience or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.*

**WORK EXPERIENCE**

*Please list your work experience beginning with your most recent job held. DOT requires that employment for at least three (3) years and/or Commercial Driving experience (CDL) for the past ten (10) years be shown. Attach additional sheets if necessary. If you were self-employed, give business name. Resumes are not accepted in lieu of completing the work history listed on pages 3 - 5, but are accepted as an supplement to this application. Please explain any gaps in work history.*

Employer Name:		Your Job Title:	
Address:			
Street	City	State	Zip
Phone:	Contact Person:	Name & Title of Last Supervisor:	
Employment Dates:		Wage / Salary:	
From:	To:	Start: \$	Finish: \$
Reason for leaving (be specific):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company:			

Employer Name:		Your Job Title:	
Address:			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Phone:	Contact Person:	Name & Title of Last Supervisor:	
Employment Dates:		Wage / Salary:	
From:	To:	Start: \$	Finish: \$
Reason for leaving (be specific):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company:			

  

Employer Name:		Your Job Title:	
Address:			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Phone:	Contact Person:	Name & Title of Last Supervisor:	
Employment Dates:		Wage / Salary:	
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Reason for leaving (be specific):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address:			
Street		City	State
Zip			
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Street	City	State	Zip
Phone:	Contact Person:	Name & Title of Last Supervisor:	
Employment Dates:		Wage / Salary:	
From:	To:	Start: \$	Finish: \$
Reason for leaving (be specific):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company:			

**APPLICATION STATEMENT**

Did you complete this application yourself?  Yes  No If not, who did?

**As indication that you have read and understood each sentence, please write your initials in the spaces provided below. If you are submitting this application electronically, your initials and signature will be required upon hire.**

In exchange for the consideration of my job application by AFCO Distribution & Milling, (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, \_\_\_\_\_ or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, \_\_\_\_\_ and that relationship cannot be altered except by a written instrument signed by the CEO or Board of Directors of the Company. \_\_\_\_\_ Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. \_\_\_\_\_ If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. \_\_\_\_\_

I authorize investigation of all statements contained in this application. \_\_\_\_\_ I understand that the misrepresentation or omission of facts called for may be cause for dismissal of consideration of my application or subsequent employment at any time without any previous notice. \_\_\_\_\_ I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others, and hereby release the Company from any liability as a result of such contact. \_\_\_\_\_

I understand that information I provide regarding my current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history and required by 49 CFR 391.23(d) and (e). Additionally the company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. \_\_\_\_\_ Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. \_\_\_\_\_. I understand I have the right to review any information provided by previous employers, have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

*AFCO Distribution & Milling is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with AFCO Distribution & Milling depends solely on your qualifications.*

**Thank you for completing this application and for your interest in our company.**