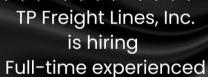
NOW HIRING CDL DRIVERS



CDL Drivers

WHAT WE OFFER:

- Starting wage \$24.10/hour
- Monday-Friday work week, standard business hours
- Benefits within 30 days of employment
- Vacation Pay
- Sick Leave Pay
- Holiday Pay
- PTO
- Medical, Dental, Vision, RX Benefits Paid
- Teamsters Pension Paid

WHAT YOU OFFER:

- Full-Time work availability
- Clean driving record
- 2 Years experience as an LTL P&D driver with a CDL
- Professional "Can Do Attitude"
- Great customer Service

FOR INFORMATION OR TO APPLY PLEASE CONTACT: JUSTIN HENRY, DIRECTOR OF OPERATIONS 503-233-4607 EXT 209 OR APPLY ONLINE AT







DRIVER EMPLOYMENT APPLICATION

2703 3rd St Tillamook, OR 97141

PH: (800)558-8217 FAX: (503)842-2088

An Equal Opportunity Employer

OTHER

COMPLETE IN	FULL OR IT WILL NOT BE CON	CIDEDED	All	г Ечиат Оррог	rturnty Lini	лоуел			EMAIL	.: jobs@	tpfreight.net
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	e legal right to work in		tates?	П	YES	NO		FOR WOR	N.		
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CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VA	AN, TANK, FLAT,	ETC.)				DATE FF	ROM	DATE TO		APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK											
TRACTOR & SEMI-TRAILER	R										
TRACTOR & 2 TRAILERS				-							
TRACTOR & TANKER											

		ACCIDENT RECORD	FOR THI	PAST 3	YEAR	S				
		Attach additional sheet if more sp	ace is nee	ded. Che	eck thi	s box if i	попе 🗆			
DATES (List most recent first)	NATUI	RE OF ACCIDENT (Head-on, rear-end, upset, etc.)					# FATALITIES	# INJURIES	CHEMICAL SPILL (Y/N)	
	TR	AFFIC CONVICTIONS AND FORFEITURES FOR TI						DLATIONS)		
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DATE CONVICTED (Month/Year)	VIOLA	ATION		ATE OF DLATION						
Has any licer If yes, explai	-	rmit, or privilege ever been suspended or r					□ YES	□ NO		
		EMPLOYN	MENT HIS	ΓORY						
employment f employment i month must b Start with the	for the history pe explo last or	arrier Safety Regulations (49 CFR 391.21) re last three (3) years. <i>In addition, if you have for an additional seven (7) years (for a tot ained.</i> current position, including any military exp ist the complete mailing address, including	e driven of ten	a comm (10) ye and wo	ercial ears). A	vehicle Any gap ckward:	e previously, os in employ s (attach sep	you must p ment in exc arate sheet	orovide cess of one (1) s if necessary).	
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month/year & re										

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?								☐ YES	⊔ NO		
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated											
mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?										\square YES	\square NO
SECOND (M	OST RECEN	T) EMPLOYER					1				
NAME					Р	HONE					
ADDRESS											
				FROM				то			
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	EXPLAIN ANY GAPS IN EMPLOYMENT (Include										
month/year	•										
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?										\square YES	\square NO
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THIRD (MOS	ST RECENT)	EMPLOYER									
NAME					Р	HONE					
ADDRESS											
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POSITION H	POSITION HELD MO/YR MO/YR MO/YR										
REASON FOR LEAVING SALARY											
EXPLAIN ANY GAPS IN EMPLOYMENT (Include											
month/year & reason)											
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?											
Was the jo	ob design	ated as a safety-sensitive fund	tion in any Dep	artmen	t of Tra	nspor	rtation-regu	ılated			
mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?									\square YES	\square NO	
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			EDII	CATION							
SCHOOL		NAME & LOCATION	100		OF STU	DY	YEARS	GRADUA		DETAILS	
High School	1						COMPLETED	Y N]		
College											
Other											
OTUED OUR WELL THOUSE											
OTHER QUALIFICATIONS Please list any other qualifications that you have and which you believe should be considered.											
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TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature	Date	
Applicant Name (printed)		