



Hayes Logistic Services

1505 Odell Rd. Blaine, WA 98230
360.332.5656 - Fax 360.332.8041

Office Use Only: Date Received: _____ TCT Initials: _____

APPLICATION FOR EMPLOYMENT

Today's Date: _____	If hired, I'm available to begin work at HLS on: _____
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PLEASE CHECK ALL DESIRED SHIFTS

<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> SEASONAL
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APPLICANT'S NAME _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____
(Street) (City) (State) (Zip) (How Long)

DATE OF BIRTH _____ PHONE _____ SSN _____

ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1				
2				
3				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS --DRIVER

DRIVERS LICENSE	STATE	LICENSE NUMBER	TYPE	EXP DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		TO	FROM	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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
- C. Have you ever been convicted of a felony? YES NO

If yes, Date and Year: _____

IF THE ANSWER TO EITHER A, B, OR C IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

COMPUTER/SMART PHONE KNOWLEDGE

(CHECK ALL THAT APPLY)

Experience in an office setting? YES _____ NO _____ If yes, where: _____ Months/ysr _____

- | | | | |
|------------------------------------|-------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Outlook | <input type="checkbox"/> MS Word | <input type="checkbox"/> Excel | <input type="checkbox"/> Access |
| <input type="checkbox"/> Publisher | <input type="checkbox"/> Quickbooks | <input type="checkbox"/> Iphone | <input type="checkbox"/> Other |

Do you have the following: (Check all that apply)

- | | | |
|-------------------------------|-------------------------------|---|
| <input type="checkbox"/> TWIC | <input type="checkbox"/> FAST | <input type="checkbox"/> B.C. PORT PASS |
|-------------------------------|-------------------------------|---|

EMPLOYMENT RECORD FOR THE LAST 10 YEARS

LAST EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to federal Motor Carrier Safety Regulations: YES NO

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES NO

EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to federal Motor Carrier Safety Regulations: YES NO

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES NO

EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to federal Motor Carrier Safety Regulations: YES NO

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES NO

EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to federal Motor Carrier Safety Regulations: YES NO

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES NO

EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to federal Motor Carrier Safety Regulations: YES NO

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES NO

EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to federal Motor Carrier Safety Regulations: YES NO

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES NO

IF APPLYING FOR A CDL POSITION, PLEASE ATTACH YOUR PAST 10 YEARS OF EMPLOYMENT HISTORY. (REQUIREMENT OF THE DOT)

TO BE READ AND SIGNED BY APPLICANT

This certifies that the application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

(Date)

(Applicant's Signature)

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

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