



**CONNIE'S, INC**

2009 Adams Avenue  
La Grande, OR 97850  
Phone (541) 963-7114  
Fax (541) 963-8450

**CORWIN COMPANY, INC** 2007 Adams Avenue / La Grande, OR 97850  
Phone (541) 963-8300 / Fax (541) 963-8383

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**EASTERN OREGON  
RENTAL & SALES**

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**NW CONSTRUCTION  
SUPPLY**

A DIVISION OF CORWIN COMPANY, INC.

Where service and dependability still matter!

3925 10th Street  
Baker City, OR 97814  
Phone (541) 523-7368  
Fax (541) 523-9487

2007 Adams Avenue  
La Grande, OR 97850  
Phone (541) 963-7368  
Fax (541) 963-4717

338 NW 57th Drive  
Pendleton, OR 97801  
Phone (541) 276-7368  
Fax (541) 276-5231

2109 W Frontage Road  
Pasco, WA 99301  
Phone (509) 545-4055  
Fax (509) 545-4059

Your One-Stop Rental Solution!

**CDL**

**APPLICATION FOR EMPLOYMENT**

**(ANSWER ALL QUESTIONS - PLEASE PRINT LEGIBLY)**

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

**POSITION(S) APPLIED FOR:** \_\_\_\_\_ **TEMP OR FULL TIME:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESSES FOR PAST THREE (3) YEARS. ATTACH SHEET IF NECESSARY.**

**CURRENT ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES?** \_\_\_\_\_

**ARE YOU 21 YEARS OF AGE OR OLDER?** \_\_\_\_\_

**EMERGENCY CONTACT: NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_ **PHONE NUMBER ( )** \_\_\_\_\_ **CELL/HOME/WORK** \_\_\_\_\_

**HAVE YOU WORKED FOR THIS COMPANY BEFORE?** \_\_\_\_\_ **WHERE?** \_\_\_\_\_

**DATES:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**NAMES OF RELATIVES IN OUR EMPLOY:** \_\_\_\_\_

**ARE YOU EMPLOYED NOW?** \_\_\_\_\_ **IF NOT, HOW LONG SINCE YOUR** \_\_\_\_\_

**LAST EMPLOYMENT?** \_\_\_\_\_

**WHO REFERRED YOU:** \_\_\_\_\_ **EXPECTED RATE OF PAY:** \_\_\_\_\_

**Is there any reason you might be unable to perform the functions of the job for which you have applied for (as described in the attached job description)? If yes, please explain:** \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle(s).

LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT OR CURRENT- ATTACH SHEET IF NECESSARY

<b>CURRENT/LAST EMPLOYER:</b>			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>POSITION HELD:</b>	<b>FROM:</b>	<b>TO:</b>	<b>SALARY:</b>
<b>CONTACT PERSON:</b>		<b>PHONE:</b>	
Subject to Federal Motor Carrier Safety Regulations? <b>YES NO</b> Was job designated as safety sensitive function in any DOT-regulated Mode subject to drug and alcohol testing? <b>YES NO</b>		<b>Reason For Leaving:</b>	
<b>SECOND LAST EMPLOYER:</b>			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>POSITION HELD:</b>	<b>FROM:</b>	<b>TO:</b>	<b>SALARY:</b>
<b>CONTACT PERSON:</b>		<b>PHONE:</b>	
Subject to Federal Motor Carrier Safety Regulations? <b>YES NO</b> Was job designated as safety sensitive function in any DOT-regulated Mode subject to drug and alcohol testing? <b>YES NO</b>		<b>Reason For Leaving:</b>	
<b>THIRD LAST EMPLOYER:</b>			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>POSITION HELD:</b>	<b>FROM:</b>	<b>TO:</b>	<b>SALARY:</b>
<b>CONTACT PERSON:</b>		<b>PHONE:</b>	
Subject to Federal Motor Carrier Safety Regulations? <b>YES NO</b> Was job designated as safety sensitive function in any DOT-regulated Mode subject to drug and alcohol testing? <b>YES NO</b>		<b>Reason For Leaving:</b>	
<b>FOURTH LAST EMPLOYER:</b>			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>POSITION HELD:</b>	<b>FROM:</b>	<b>TO:</b>	<b>SALARY:</b>
<b>CONTACT PERSON:</b>		<b>PHONE:</b>	
Subject to Federal Motor Carrier Safety Regulations? <b>YES NO</b> Was job designated as safety sensitive function in any DOT-regulated Mode subject to drug and alcohol testing? <b>YES NO</b>		<b>Reason For Leaving:</b>	
<b>FIFTH LAST EMPLOYER:</b>			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>POSITION HELD:</b>	<b>FROM:</b>	<b>TO:</b>	<b>SALARY:</b>
<b>CONTACT PERSON:</b>		<b>PHONE:</b>	
Subject to Federal Motor Carrier Safety Regulations? <b>YES NO</b> Was job designated as safety sensitive function in any DOT-regulated Mode subject to drug and alcohol testing? <b>YES NO</b>		<b>Reason For Leaving:</b>	

**MILITARY STATUS**

HAVE YOU SERVED IN THE ARMED FORCES? BRANCH \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

**EDUCATION**

HIGHEST GRADE COMPLETED IN HIGH SCHOOL \_\_\_\_\_ COLLEGE \_\_\_\_\_

LAST SCHOOL ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_

**GENERAL**

ARE YOU BONDABLE? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS**

DRIVER'S LICENSES	STATE	LICENSE NUMBER	TYPE	EXP DATE

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 disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations? **YES NO**

**IF THE ANSWER IS YES TO EITHER A, B, OR C, ATTACH A STATEMENT PROVIDING DETAILS**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ETC)	DATES		APPOXIMATE NUMBER OF MILES
		TO:	FROM:	
STRAIGHT TRACTOR				
TRACTOR AND SEMI TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN THE LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

LIST LAST FOUR ACCIDENTS, IF APPLICABLE:

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST TEN YEARS (OTHER THAN PARKING CITATIONS):

LOCATION	DATE	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS MAINTENANCE**

**LIST COURSES AND TRAINING IN MAINTENANCE WORK:**


INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING	TRAINING (CHECK)	YEARS OF EXPERIENCE	INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING	TRAINING (CHECK)	YEARS OF EXPERIENCE
Drive Train Components *Diesel Engine (Indicate make of engine) Tune Up Rebuild			Cooling System		
			Electric Repair		
			Air Conditioning / Refrigeration		
*Gasoline Engine (Indicate make of engine) Tune Up Rebuild			Tire Service *Wheel Change *Flat Repair		
*Gearing System Transmission Rear End			Frame and Wheel Alignment		
Brakes *Air *Hydraulic			Body Work		
			Trailer Repair		
			Other (Specify)		
INDICATE EQUIPMENT YOU CAN OPERATE	TRAINING (CHECK)	YEARS OF EXPERIENCE	INDICATE EQUIPMENT YOU CAN OPERATE	TRAINING (CHECK)	YEARS OF EXPERIENCE
Welding Equipment *Electric Arc Hel-Arc			Tire Recapping Equipment		
			Engine/Chassis Dynamometer		
*Wire Feed *Oxyacetylene Torch			Magnetic Crack Detection Equipment		
Frame & Axle Training Equipment			Emission Measurement Equipment		
Injector & Fuel Pump Rebuilding Equipment			Engine Analyzer		
Wheel & Tire Balancing Equipment			Paint Spray Gun		
			Other (Specify)		

**EXPERIENCE AND QUALIFICATIONS – PLATFORM**

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS IN EACH:

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC):

SHOW COURSES OR TRAINING IN PLATFORM WORK:

**ADDITIONAL EXPERIENCE OR QUALIFICATIONS**

Summarize special skills and qualifications, volunteer activities, military experience, hobbies, employment or other activities related to the job you are seeking, which you would like to be considered in connection with your application for employment.


**SUPPLEMENTAL APPLICATION**

1. Our company is a people business with customer service and satisfaction as one of its goals. How do you feel that you can contribute to our business?

2. Why do you want this position and how does it fit with your future plans?

3. What did you like best about your last job?

4. What did you like least about your last job?

5. Think back to the supervisors you have had in the past. Which one did you like best and why?

6. Which supervisor did you dislike and why?

7. What makes you angry?

8. Who is primarily responsible for your safety?

9. What area of your skills/professional development needs improvement and how will this be accomplished?

10. What do you think should be done about an employee who is not doing their fair share of the work?

11. What would you define as a productive work atmosphere?

**\*TO BE READ AND SIGNED BY APPLICANT\***

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

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, 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 I am required to abide by all rules and regulations of the Company.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT - DO NOT WRITE BELOW THIS LINE  
PROCESS RECORD**

APPLICANT HIRED	REJECTED
DATE EMPLOYED	POINT EMPLOYED
DEPARTMENT	CLASSIFICATION

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	SUPERVISOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PHYSICAL EXAM						
4. PAST EMPLOYMENT						
5. WRITTEN EXAM*						
6. ROAD TEST*						
7. POLICE AND DMV RECORD*						

**\*DRIVER APPLICANTS ONLY\***

**SIGNATURE OF INTERVIEWING OFFICER:** \_\_\_\_\_



**Corwin Company, Inc.**

Email to: [frontdesk@laporte-insurance.com](mailto:frontdesk@laporte-insurance.com)  
Or - FAX to: (503) 231-9021  
PHONE NUMBER (503) 239-4116

**DO NOT SEND DOCUMENTS THAT MAY  
INCLUDE ANY INDIVIDUAL'S PERSONAL INFORMATION OTHER  
THAN WHAT IS REQUIRED ON THIS MVR REQUEST FORM**

**MVR REQUEST FORM**

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

MVR REQUEST - Below to be completed by the signatory of this form.  
(Please print clearly)

Individual's Full Name: \_\_\_\_\_  
*Last First MI*

Driver's license number: \_\_\_\_\_

State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*MM | DD | YY*

Job Description: \_\_\_\_\_

**Please answer the following questions:**

Have you ever been denied a driver's license or had one suspended/revoked? \_\_\_\_\_

Have you had any moving, traffic violations in the past 3 years? \_\_\_\_\_

Have you had any auto accidents in the past 3 years? \_\_\_\_\_

If you currently hold a CDL, how many continuous years have you held this designation? \_\_\_\_\_

If licensed less than 3 years in above State, provide previous State & License #: \_\_\_\_\_

If the answer to any question was "yes", explain (give dates of violations/accidents & description):  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my MVR record will be obtained for any state licensed in during the last 3 years to determine my eligibility to drive for the company, I understand that my MVR will be periodically run to confirm continued eligibility. In accordance with the Fair Credit Reporting Act I acknowledge the above and authorize the employer or their designated insurance agent to secure my Motor Vehicle Report. This authorization is valid for two years as of the date of this signed form and may be rescinded in writing.

\_\_\_\_\_  
(Signature of employee – **Electronic Signatures are not acceptable**) Date

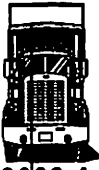
**For Agency use only:**

\_\_\_\_\_ This person **would** meet company standards as a driver under your policy

\_\_\_\_\_ This person **would not** meet company standards as a driver under your policy

\_\_\_\_\_ This person is marginal ~ any further activity would put the driver outside underwriting guidelines.  
If hired, we will reorder report in 6 months.





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**GENERAL CONSENT FOR LIMITED QUERIES OF THE FEDERAL  
MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)  
DRUG AND ALCOHOL CLEARINGHOUSE**

I, \_\_\_\_\_, hereby provide consent to Corwin Company, Inc. and/or Connie's Incorporated to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This form is valid beginning on the date of my application for employment and will expire on the date of termination of employment by me or the employer.

I understand that if the limited query conducted by Corwin Company, Inc. and/or Connie's Incorporated indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Corwin Company, Inc. and/or Connie's Incorporated with our first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Corwin Company, Inc. and/or Connie's Incorporated to conduct a limited query of the Clearinghouse, Corwin Company, Inc. and/or Connie's Incorporated must prohibit me from performing safety performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date