

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED



Corporate Office
P.O. Box 587
Auburn, WA 98071-0587
Telephone (253) 929-2000
Toll Free 1-800-942-9909

Terminal Location

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Complete this application in your own handwriting.
2. Answer all questions. If answers are "NONE," so indicate.
3. If you need additional space to answer any questions, attach a separate sheet.
4. **Drivers are required to submit a current abstract of complete 5yr driving record with application**

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME/MESSAGE PHONE () _____ WORK () _____ SOCIAL SECURITY NUMBER _____

PREVIOUS ADDRESS
(If less than 3yrs) _____ CITY _____ STATE _____ ZIP CODE _____

What position are you applying for? _____ Date available for work? _____

Shift(s) Available: Days Evenings Nights Would you prefer to work: Full time Part time Temporary

At what location _____ Are you at least 18 years of age? Yes No

How did you learn about this opening? Employment Agency Advertisement Own Accord

Employee Referral Name _____ Other _____

Have you ever previously been employed by this company? If "Yes," when _____

Have you been convicted of a felony or misdemeanor or released from prison within the past ten years? (Due to federal regulations, a conviction may disqualify you from employment as a driver) Yes No

If "Yes," describe _____

Are you legally entitled to work in the United States. Yes No Proof of right to work in the United States may be required.

Do you have any relatives already employed by this company? Yes No

If "Yes," give name and relationship: Name _____ Relationship _____

Where employed _____

EDUCATION			GRADUATE		
	Name and Location of School	Years Completed	Yes	No	Degrees Received
High School					
College					
Trade					
Business, or					
Graduate School					

EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)

Please start with most recent employer, include military service and provide at least ten years of employment history. If currently employed, may we contact your employer? Yes No

Employer _____ Type of business _____ Telephone () _____

Address _____ City _____ State _____ Zip Code _____

Job Title _____ Supervisor _____ Telephone () _____

Dates Employed: From _____ To _____ Reason for leaving _____ Wage _____
MM / DD / YY MM / DD / YY

Duties _____

Employer _____ Type of business _____ Telephone () _____
 Address _____ City _____ State _____ Zip Code _____
 Job Title _____ Supervisor _____ Telephone () _____
 Dates Employed: From _____ To _____ Reason for leaving _____ Wage _____
MM / DD / YY MM / DD / YY
 Duties _____

Employer _____ Type of business _____ Telephone () _____
 Address _____ City _____ State _____ Zip Code _____
 Job Title _____ Supervisor _____ Telephone () _____
 Dates Employed: From _____ To _____ Reason for leaving _____ Wage _____
MM / DD / YY MM / DD / YY
 Duties _____

Employer _____ Type of business _____ Telephone () _____
 Address _____ City _____ State _____ Zip Code _____
 Job Title _____ Supervisor _____ Telephone () _____
 Dates Employed: From _____ To _____ Reason for leaving _____ Wage _____
MM / DD / YY MM / DD / YY
 Duties _____

IF MORE SPACE NEEDED, USE CONTINUATION SHEET

SECTION FOR DRIVER AND DOCK APPLICANTS

CURRENT UNEXPIRED LICENSE/PERMIT

STATE	LICENSE #	LIST ENDORSEMENTS	EXPIRATION DATE

Have you had a driver's license under any other name in the last five years? Yes No if "Yes," explain _____

CRITICAL DOT INFORMATION

Are you at least 21 years of age? Yes No If driver applicant list date of birth _____

Have you failed or refused a pre-employment drug / alcohol test given by a company where you never accepted employment? Yes No

Have you violated any DOT drug / alcohol testing requirements? Yes No

DRIVING EXPERIENCE

TYPE OF EQUIPMENT	NO. OF YEARS	APPROXIMATE NUMBER OF MILES		
		IN CITY	OVER ROAD	OTHER
Straight Truck				
Tractor and Semi				
Doubles				
Truck and Full Trailer				
Others				

With what type engine and transmission do you have experience? _____

What geographic area do you know best? _____

To date, I have driven trucks for _____ years, covering approx. _____ miles. The date of my last accident, while driving a commercial vehicle, was _____ Since that time, I have driven approx. _____ accident-free miles.

LIST ALL ACCIDENT. PREVENTABLE OR NON. DOT RECORDABLE OR COMPANY POLICY

MO. DAY YR. <i>If none, write none</i>	TYPE ACCIDENT	TYPE EQUIPMENT	DEATH OR INJURIES	CITY AND STATE	NIGHT OR DAY	NAME: EMPLOYER OR "PERSONAL VEHICLE"

Have you ever had any license permit or privilege to operate a motor vehicle denied, revoked or suspended? Yes No

If "Yes," explain _____

List all violations (other than parking violations) of any motor vehicle law or ordinance for which you were convicted or forfeited bond or collateral during the past 5 years:

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED	DISPOSITION

Are you familiar with the Motor Carrier Safety Bureau Safety Regulations? Yes No

SAFE DRIVING AWARDS, ETC.:

DATE	KIND OF AWARD	PRESENTED BY	WHILE EMPLOYED BY	IN RECOGNITION OF

**SECTION FOR DOCK FREIGHT HANDLER APPLICANTS
EXPERIENCE AND QUALIFICATIONS - PLATFORM**

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH _____

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

SHOW COURSES OR TRAINING IN PLATFORM WORK _____

SECTION FOR SHOP APPLICANTS

Are you a journeyman mechanic? _____ Are you an apprentice mechanic? _____ If so, what term _____

INDICATE MONTHS OF EXPERIENCE:

Hy Duty Diesel _____ Gas Engine _____ Transmission & Differentials _____ Electrical _____ Front Ends _____

Body Work _____ Refrigeration _____ Partsman _____ Location & Service _____ Tire Serviceman _____

Welding Exper.: Heliarc _____ Acetylene _____ Other Specialties _____

Detail any additional experience on a separate sheet.

SECTION FOR SALES APPLICANTS

Please summarize your sales experience below:

House-to-house or office-to-office selling: Years _____ For whom _____ Product _____

Selling to retail dealers: Years _____ For whom _____ Product _____

Selling to jobbers: Years _____ For whom _____ Product _____

Selling non-technical products direct to business: Years _____ For whom _____ Product _____

List the geographic areas and cities in which you have worked for a year or more _____

What geographic area do you feel you know the best: Why? _____

Do you have any marked preference with respect to the geographic area you might, if employed by us, be assigned to cover?

Specify and give reasons _____

Which of your assets (background, education, territory knowledge, etc.) do you feel would be most valuable in any association you might make with us?

BUSINESS REFERENCES (names and addresses of executives of companies with whom you have had frequent business dealings:)

SECTION FOR GENERAL OFFICE APPLICANTS

INDICATE WHETHER YOU HAVE HAD TRAINING OR EXPERIENCE OR BOTH IN THE FOLLOWING LINES OF WORK

- Typing _____ WPM
 - Dictation Equipment _____
 - Ten Key ____ Touch ____ Sight
 - Foreign Lang. Skills _____
 - Rates (indicate tariffs with which you have worked) _____
 - Personal Computer and software used: _____
 - Other computer skills: _____
- Indicate any other skills related to the position you are seeking: _____

*INDICATE TARIFFS WITH WHICH YOU HAVE WORKED	TRAINING	EXPERIENCE (YEARS)
O S & D		
Interline		
Claims		
Cashier		
Accounting		
Dispatcher		
Other:		
Other:		

APPLICANT'S STATEMENT

I authorize Peninsula Truck Lines, Inc. to investigate all statements contained in this application and to request information about me from previous employers and educational institutions. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information that may be sought in arriving at an employment decision.

Due to the enormous number of applications that Peninsula Truck Lines, Inc. receives, I understand Peninsula Truck Lines, Inc. cannot make any guarantees that my application will be considered for any or all open positions they may have, or that my application will be considered for any specific length of time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal. I also understand that I am required to abide by all current and subsequently issued rules and regulations of the Company and that employment is for no definite period and may be terminated, at any time, with or without notice, by either party.

I certify that this 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.

Signature of Applicant

Date

EQUAL OPPORTUNITY EMPLOYER