



TARR, LLC
 PO Box 12570
 Portland, OR 97212-0570
 (503) 288-5294

DRIVER APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Name: _____ Application date: _____

Address: _____

Phone: _____ Social Security Number: _____

Best time(s) to contact you by phone: _____

Date available for work: _____ Full time: _____ Part time: _____

Are you currently on "lay-off" status and subject to recall? Yes: _____ No: _____

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END UPSET, ETC)	NUMBER OF INJURIES	CHEMICAL SPILL	
			YES	NO

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

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (POINTS, FOREITED BOND)

(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 _____
 If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 If yes, explain _____



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EMPLOYMENT EXPERIENCE

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record). Start with your most recent/current job. Include all job-related military service assignments and job-related volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

Employer	Dates Employed	Work Performed	
Address			
Telephone number(s)		Starting pay rate	Ending pay rate
Supervisor		Job Title	Safety Sensitive Under DOT?
Reason for leaving		Yes No	Yes No
		Subject to FMCSR?	

Employer	Dates Employed	Work Performed	
Address			
Telephone number(s)		Starting pay rate	Ending pay rate
Supervisor		Job Title	Safety Sensitive Under DOT?
Reason for leaving		Yes No	Yes No
		Subject to FMCSR?	

Employer	Dates Employed	Work Performed	
Address			
Telephone number(s)		Starting pay rate	Ending pay rate
Supervisor		Job Title	Safety Sensitive Under DOT?
Reason for leaving		Yes No	Yes No
		Subject to FMCSR?	

If you need additional space, please continue on a separate sheet of paper.



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EDUCATION

	<u>Name and Address</u>	<u>Course of Study</u>	<u>Years Complete</u>	<u>Diploma/ Degree</u>
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Graduate/ Professional:	_____	_____	_____	_____
Other (specify):	_____	_____	_____	_____

OTHER QUALIFICATIONS, SPECIAL SKILLS AND ADDITIONAL INFORMATION

Summarize special job related qualifications and skills acquired through employment, military duty or other experience. Please also provide any additional information that you feel would be helpful to Tarr, LLC in considering your application.

REFERENCES

Do not list relatives. Please provide a phone number where the individual can be reached during the work day. Please list an alternative number if one is available.

Name: _____	Phone: _____
Address: _____	Alternate phone: _____

Name: _____	Phone: _____
Address: _____	Alternate phone: _____

Name: _____	Phone: _____
Address: _____	Alternate phone: _____



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APPLICANT'S STATEMENT

I authorize investigation of all statements contained in this application for employment and understand that the hiring process for this position will be conducted as required by Federal Motor Carrier Safety Administration, Department of Transportation regulations and guidelines, and Tarr, LLC's hiring practices

I understand that this application shall be considered active for thirty (30) days. If I wish to apply for future positions available with Tarr, LLC, I will be required to submit a new application form.

I recognize and understand that all employment with Tarr, LLC is "at will" employment and is not guaranteed for any specific length of time.

If hired by Tarr, LLC, I understand that false or misleading information provided in this application or in interview(s) may result in discharge. Additionally, if employed, I would be required to abide by all rules, regulations and policies of Tarr, LLC.

"I understand that information I provide regarding current and/or previous 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(d) and (e). 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 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

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.

Signature of Applicant

Date

Tarr, LLC is an Equal Employment Opportunity employer and will not discriminate against any applicant or employee because of race, color, national origin, religion, sex, gender preference, age, creed, marital status, veteran status, political affiliation, handicap, disability or other characteristic protected by law. Tarr, LLC will take affirmative action to ensure equal opportunity in all aspects of employment including hiring, promotion, compensation and benefit program
