



APPLICATION FOR EMPLOYMENT

FMI is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, gender, national origin, age, disability, veteran status, citizenship, or any other characteristic protected by federal, state or local law.

FMI North: 8305 NE MLK Jr. Blvd. ♦ Portland OR 97211 | **FMI South:** 11857 SE Hwy. 212 ♦ Clackamas OR 97015
FMI Eugene: 1230 S. Bertelsen Road ♦ Eugene OR 97402

Name: _____ Date: _____
 (First) (Middle) (Last)

Address: _____
 (Street) (City) (State) (Zip)

Number of Years at Address: _____ If less than 3 years at this address, list all other addresses:

Contact Phone: _____ Cell Phone: _____ Email Address: _____

Are you at least 21 years of age? Yes No
 Are you legally eligible to work in the United States? Yes No

EMPLOYMENT DESIRED & AVAILABILITY

Position applied for: _____ Salary Desired: _____

What date are you available for employment? _____

Check shifts and days you CAN work: Days Swing (4 PM to 12:30 AM)
 Monday Tuesday Wednesday Thursday Friday Saturday

EDUCATION

If your school records are under a different name than above, please provide that name: _____

High School Name & Location: _____

Did you graduate from high school or receive a GED? Yes No

Type of School	School Name	City/State	No. of Years Attended	Major or Emphasis	Degree or Certificate Earned
College or University					
College or University					
Trade School					
Trade School					
Other					
Other					

EMPLOYMENT HISTORY

Please list your last ten (10) years of employment history. **COMPLETE ALL AREAS. DO NOT use "see attached resume" in place of completing all sections below.** List complete mailing address and current phone numbers.

If you are not applying for a driving position with FMI, you may ignore questions marked with an *

All technicians, parts drivers, shop helpers and sales consultants employed by FMI are required to drive commercial motor vehicles and must complete the driver sections of this application.

Most Recent Employer

Are you currently working for this employer?
If yes, may we contact employer?

Yes No
 Yes No

Company Name _____

Address _____ Phone _____

Position Held _____ Employed from _____ to _____

Duties Performed _____

Supervisor Name _____

Reason for leaving _____

*Were you subject to the FMCSRs while employed? Yes No

*Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Second Most Recent Employer

Company Name _____

Address _____ Phone _____

Position Held _____ Employed from _____ to _____

Duties Performed _____

Supervisor Name _____

Reason for leaving _____

*Were you subject to the FMCSRs while employed? Yes No

*Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Third Most Recent Employer

Company Name _____

Address _____ Phone _____

Position Held _____ Employed from _____ to _____

Duties Performed _____

Supervisor Name _____

Reason for leaving _____

*Were you subject to the FMCSRs while employed? Yes No

*Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Previous Employer

Company Name _____
Address _____ Phone _____
Position Held _____ Employed from _____ to _____

Duties Performed _____

Supervisor Name _____

Reason for leaving _____

* Were you subject to the FMCSRs while employed? Yes No

* Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Previous Employer

Company Name _____
Address _____ Phone _____
Position Held _____ Employed from _____ to _____

Duties Performed _____

Supervisor Name _____

Reason for leaving _____

* Were you subject to the FMCSRs while employed? Yes No

* Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Previous Employer

Company Name _____
Address _____ Phone _____
Position Held _____ Employed from _____ to _____

Duties Performed _____

Supervisor Name _____

Reason for leaving _____

* Were you subject to the FMCSRs while employed? Yes No

* Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Previous Employer

Company Name _____
Address _____ Phone _____
Position Held _____ Employed from _____ to _____

Duties Performed _____

Supervisor Name _____

Reason for leaving _____

* Were you subject to the FMCSRs while employed? Yes No

* Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Please explain any gaps in employment in the last 10 years.

Dates: _____ Explanation: _____

Dates: _____ Explanation: _____

Dates: _____ Explanation: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

No If Yes, please explain. _____

FMCSR REQUIRED DRIVER INFORMATION

All technicians, parts drivers, shop helpers and sales consultants employed by FMI are required to drive commercial motor vehicles and must complete this section. The following information is required to comply with the Federal Motor Carrier Safety Regulations (FMCSRs) requirements of operating a motor vehicle on a highway with a GVWR of 10,001 pounds or more.

Date of Birth: _____ Social Security Number: _____

ACCIDENT RECORD

Complete accident history for the past **three (3) years**. Attach a sheet if more space is needed. If none, write **NONE**.

DATES	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the **past three (3) years**. If none, write **NONE**.

STATE OF VIOLATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS

List all driver licenses or permits held in the **past three (3) years**.

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER LICENSES				

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 revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, PROVIDE DETAILS: _____

FMCSR REQUIRED DRIVER INFORMATION (Continued)

DRIVING EXPERIENCE

Provide your Commercial Driving History.

CLASS OF EQUIPMENT	CIRCLETYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		From (M/Y)	To (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	----			
MOTORCOACH/SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	----			
OTHER _____				

List States operated in for the last five (5) years: _____

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

Signature: _____ Date: _____

DRUG AND ALCOHOL RELEASE AUTHORIZATION

I understand and agree to a drug and alcohol test as part of FMI Truck Sales & Service required pre-employment testing policies.

If applicable, I hereby authorize release of information from my DOT regulated drug and alcohol testing records by my previous employer to FMI Truck Sales & Service. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release from or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.

Signature: _____ Date: _____

DISCLOSURE & AUTHORIZATION

I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment nor does it constitute a contract of employment. I further understand and agree that should any employment disputes take place during my employment with FMI, they will be settled by arbitration.

I authorize you to make such investigations and inquires to my employment, financial or other related matters as may be necessary in arriving at an employment decision. **Inquires regarding medical history and background checks will be made only if and after a conditional offer of employment has been extended.** I hereby release employers, schools, and other persons from all liability in responding to inquires and releasing information in connection with my application.

I understand that an investigative consumer report may be requested that may include information regarding my driving records, educational and professional credentials, and references. This may come from either public or private sources and many contain information regarding my character, experience, work habits and reasons for termination from past employers. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a facsimile (FAX) or photographic copy of this document shall be valid for all purposes present and future.

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 I have the right to:

- Review information provided by current/previous employers;
- Have errors in 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 can not agree on the accuracy of the information.

I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE DISCLOSURE & AUTHORIZATION STATEMENT AND I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT.

Signature: _____ Date: _____

BACKGROUND AND MEDICAL REPORT AUTHORIZATION

I understand that only if and after a conditional offer of employment has been extended by FMI, an investigative report may be requested that may include information regarding my court records, both civil and criminal. I further understand that medical history may be requested and verified by health care providers.

I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE BACKGROUND AND MEDICAL REPORT AUTHORIZATION.

Signature: _____ Date: _____

FOR IDENTIFICATION PURPOSES ONLY _____
Social Security Number _____ Date of Birth _____

Driver's License Number _____ State Issuing License _____ Eye Color _____ Name as it appears on license _____