Employment Application

Please be sure to provide as complete information as possible. Omissions or failure to provide important information regarding your background will delay processing of your qualification and may result in denial of qualification.

Position you are applying for: _____

Location of position:

- ☐ Seattle
- ☐ Lakewood
- ☐ Tacoma
- ☐ Federal Way
- ☐ Olympia
- ☐ Spokane
- ☐ Richland
- ☐ Yakima
- ☐ Moses Lake
- ☐ Walla Walla
- ☐ Corporate

PERSONAL INFORMATION

Preferred Name: _____

Name: _____ First _____ Last

Email: _____

Street Address: _____

Address Line 2: _____

City: _____ State / Province / Region: _____

ZIP / Postal Code: _____ Country: _____

Phone: _____

Are you over 18 years old?

☐ Yes ☐ No

If no, please indicate age (under 18 may need to show proof of age and work permit): _____

How did you hear about us? _____

Have you ever gone by any other name?

☐ Yes ☐ No

If yes, what was this name? _____

List all addresses you have had for the last three years, beginning with your current address.

Street Address: _____

Address Line 2: _____

City: _____ State / Province / Region: _____

ZIP / Postal Code: _____ Country: _____

Street Address: _____

Address Line 2: _____

City: _____ State / Province / Region: _____

ZIP / Postal Code: _____ Country: _____

Street Address: _____
Address Line 2: _____
City: _____ State / Province / Region: _____
ZIP / Postal Code: _____ Country: _____

EDUCATION

Do you have a GED/High School Diploma or Higher? ☐ Yes ☐ No

EDUCATION EXPERIENCE (List Highest Degree First)

School 1

School/Program Name: _____
Major: _____
Did you complete? ☐ Yes ☐ No
If yes, what degree was earned? _____
If no, how much did you complete? _____

School 2

School/Program Name: _____
Major: _____
Did you complete? ☐ Yes ☐ No
If yes, what degree was earned? _____
If no, how much did you complete? _____

School 3

School/Program Name: _____
Major: _____
Did you complete? ☐ Yes ☐ No
If yes, what degree was earned? _____
If no, how much did you complete? _____

Additional Training

Describe any other training that you think is relevant:

_____
_____

EMERGENCY CONTACT INFORMATION

In emergency, notify: _____

Phone: _____

Street Address: _____

Address Line 2: _____

City: _____ State / Province / Region: _____

ZIP / Postal Code: _____ Country: _____

WORK HISTORY

How many jobs have you held over the last 5 years? _____

What is the longest time you spent working for a single company? _____

Have you ever previously applied for OMS and/or Bekins NW? ☐ Yes ☐ No

If yes, what was the last application date? _____

If yes, please list the most recent position applied for: _____

Have you ever been employed by OMS or Bekins NW? ☐ Yes ☐ No

If yes, please list your dates of employment: _____

If yes, please list your last position: _____

Have you ever been terminated or asked to resign from a job? ☐ Yes ☐ No

If yes, please describe:

_____

_____

_____

_____

Have you ever been formally disciplined by a previous employer for violating company policy?

☐ Yes ☐ No

If yes, please describe:

_____

_____

_____

_____

In the past seven (7) years, have you committed or been disciplined for harassment or discrimination in the workplace?

_____

_____

_____

Work Schedule Availability

What is the minimum number of hours you would accept per week? _____

Are you willing to work holidays? _____

If you were given a job offer, how much time would you need before you were able to start?

_____

_____

How many times in the past 3 years have you been fired or asked to resign from a job?

_____

_____

_____

Can you, after an offer of employment has been made, submit verification of your legal right to work in the US? (Federal law requires proof of identification and employment authorization for all new hires.)

☐ Yes ☐ No

Work History

Please list all work references for the past 10 years, leaving no unexplained gaps (over 30 days) between employers. Please provide as much information as possible on each employer to assist us in contacting each one. If a previous employer is no longer in business, provide a contact that can verify your experience. For each employer, indicate if you were required to comply with the Federal Motor Carrier Safety Regulations (FMCSR), and if you performed "Safety Sensitive" functions. "Safety Sensitive" functions include driving, loading cargo, unloading cargo, inspecting vehicles or any other work associated with operation of a commercial motor vehicle.

Have you ever failed or refused a drug or alcohol test? ☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

In the past 30 days, have you used illegal drugs? ☐ Yes ☐ No

Part of our screening process involves drug testing. We require your authorization and release to conduct this test. Will you consent to be screened for illegal drug use, including marijuana? ☐ Yes ☐ No

Would you take a drug test during your employment if your employer had reasonable cause to test you?

☐ Yes ☐ No

Prior Work Experience (list most recent first)

****ALL GAPS OVER 30 DAYS NEED TO BE EXPLAINED. YOU DO NOT NEED TO PROVIDE DETAILS PERTAINING TO LEGALLY PROTECTED ACTIVITIES SUCH AS RELIGION, DISABILITY, OR USE OF PROTECTIVE LEAVE****

Company Name: _____
Company Location: _____
Company Phone: _____
Dates: _____From _____To
Position: _____
Subject to FMCSR? ☐ Yes ☐ No
Safety Sensitive? ☐ Yes ☐ No
Supervisor: _____
Reason for leaving:
_____
_____
_____
_____

Company Name: _____
Company Location: _____
Company Phone: _____
Dates: _____From _____To
Position: _____
Subject to FMCSR? ☐ Yes ☐ No
Safety Sensitive? ☐ Yes ☐ No
Supervisor: _____
Reason for leaving:
_____
_____
_____
_____

Company Name: _____
Company Location: _____
Company Phone: _____
Dates: _____From _____To
Position: _____
Subject to FMCSR? ☐ Yes ☐ No

Safety Sensitive? ☐ Yes ☐ No
Supervisor: _____
Reason for leaving:
_____
_____
_____
_____

Company Name: _____
Company Location: _____
Company Phone: _____
Dates: _____From _____To
Position: _____
Subject to FMCSR? ☐ Yes ☐ No
Safety Sensitive? ☐ Yes ☐ No
Supervisor: _____
Reason for leaving:
_____
_____
_____
_____

Company Name: _____
Company Location: _____
Company Phone: _____
Dates: _____From _____To
Position: _____
Subject to FMCSR? ☐ Yes ☐ No
Safety Sensitive? ☐ Yes ☐ No
Supervisor: _____
Reason for leaving:
_____
_____
_____
_____

Company Name: _____
Company Location: _____

Company Phone: _____

Dates: _____From _____To

Position: _____

Subject to FMCSR? ☐ Yes ☐ No

Safety Sensitive? ☐ Yes ☐ No

Supervisor: _____

Reason for leaving:

_____

_____

_____

_____

COMPLETE THIS PAGE IF APPLYING FOR A DRIVING POSITION
(if not applying for a driving job, skip to page 11)

*****Leave No Blank Spaces*****

Applying for qualification as: ☐ Tractor/Trailer ☐ Straight Truck ☐ Non-CDL Straight Truck

Is English your first language? ☐ Yes ☐ No

Are you familiar with Washington State DOT Regulations for Commercial Driving? ☐ Yes ☐ No

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ACCIDENT HISTORY AND LICENSE INFORMATION

Have you ever had your license suspended or revoked? ☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

WORK & DRIVING EXPERIENCE

Loading/Unloading Household Goods

Locally (Months/Years): _____

Over the Road (Months/Years): _____

Total Miles Driven: _____

Driving Straight Trucks (Bobtail)

Locally (Months/Years): _____

Over the Road (Months/Years): _____

Total Miles Driven: _____

Other Driving (Specify)

Other Driving Type: _____

Locally (Months/Years): _____

Over the Road (Months/Years): _____

Total Miles Driven: _____

DRIVER'S LICENSE INFORMATION

I have a valid driver's license and acceptable Department of Motor Vehicle driving record. ☐ Yes ☐ No

Current License (State, License#, Class, Exp. Date, and Issued):

_____

_____

_____

Previous License (State, License#, Class, Exp. Date, and Issued)

_____

_____

_____

Previous License (State, License#, Class, Exp. Date, and Issued)

_____

_____

_____

TRAFFIC VIOLATIONS

List all traffic convictions or forfeitures in any vehicle for the past three years. Include violations in any type of vehicle.

List date, location, charge, vehicle type and penalty.

_____

_____

_____

List date, location, charge, vehicle type and penalty.

_____

_____

_____

List date, location, charge, vehicle type and penalty.

_____

_____

_____

List date, location, charge, vehicle type and penalty.

_____

_____

_____

ACCIDENT HISTORY

List all accidents for the past three years, including those in private vehicles and those that were not considered your fault.

Date, Location, Description of Accident, Vehicle Type, Injuries and Deaths:

_____
_____
_____
_____

Date, Location, Description of Accident, Vehicle Type, Injuries and Deaths:

_____
_____
_____
_____

Date, Location, Description of Accident, Vehicle Type, Injuries and Deaths:

_____
_____
_____
_____

Date, Location, Description of Accident, Vehicle Type, Injuries and Deaths:

_____
_____
_____
_____

Date, Location, Description of Accident, Vehicle Type, Injuries and Deaths:

_____
_____
_____
_____

I authorize the organization to contact anyone that it deems appropriate to verify the information I have provided or to further investigate my background, past performance and suitability for employment. I consent to being discussed by any person contacted by the organization and waive all rights to bring any action for defamation, invasion of privacy or any similar claim against anyone that provides information to the organization with a good faith belief that the information provided is true. I understand that the organization may choose to obtain background information about me from a consumer reporting agency. Before requesting a report from a consumer reporting agency, the organization will ask for my authorization. I understand that if I refuse to provide such authorization, my application for employment will not be considered.*

☐ I confirm that I have reviewed and understand terms and conditions.

I understand that this Employment Application is not an offer of employment. I understand that nothing contained in this Employment Application creates a contract between the organization and me for employment or any other benefit. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the organization.*

☐ I confirm that I have reviewed and understand terms and conditions.

I understand that if I am hired, I will be an employee "at will," meaning I am not hired for any definite length of time and either I or the organization can terminate my employment at any time for any or no reason.*

☐ I confirm that I have reviewed and understand terms and conditions.

The organization is committed to compliance with the provisions of this nation's immigration laws regarding verification of employment eligibility. Any offer of employment will be contingent upon your ability to provide legally sufficient documentation showing your eligibility to be employed by this organization. Applicants or employees that present fraudulent documents for employment verification purposes will be terminated.*

☐ I confirm that I have reviewed and understand terms and conditions.

I understand that the technical processing and transmission of the application, including my personal information, may involve (a) transmissions over various networks, including the transfer of this information to the United States and/or other countries for storage, processing and use by, its affiliates, and their agents; and (b) changes to conform and adapt to technical requirements of connecting networks or devices. Accordingly, I agree to permit such parties to make such transmissions and changes, and hereby provide the necessary consent for the same.*

☐ I confirm that I have reviewed and understand terms and conditions.

PLEASE READ THE FOLLOWING STATEMENTS WHICH ARE CONDITIONS FOR EMPLOYMENT AT OLYMPIC MOVING & STORAGE AND/OR BEKINS NORTHWEST.

1. The information that I have provided on this application is true and complete to the best of my knowledge and subject to validation.

2. I authorize the persons, schools, employers and other organizations named in this application to provide Olympic Moving & Storage and/or Bekins Northwest with relevant information that may concern my employment with the company. I also understand that, for employment purposes, investigative background inquires will be made by the company and/or its authorized agents to various law enforcement and government agencies regarding my criminal and driving (where applicable) history. I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

3. I understand and agree that:

Any misrepresentation, false statement or omission made by me with respect to the information contained in this application could result in rejection for employment, or if employed, in employment termination from the company.

B. Any offer of employment, and acceptance thereof, does not constitute a binding contract of any length, and that such employment is terminable at the will of either party, subject to applicable state and/or federal laws.

C. Although an effort will be made to accommodate individual work schedule preferences and availability, work schedules such as start time. Availability to work on weekends may be required. Hours may be increased or decreased based on business necessity and could change an individual's employment status. I understand and accept these conditions of employment.

***SMOKING IS PROHIBITED INSIDE OLYMPIC MOVING & STORAGE AND/OR BEKINS NORTHWEST OFFICE, COMPANY-OWNED VEHICLES AND OTHER ENCLOSED WORK SPACES.*

_____ _____

Signature of Applicant* Date

THANK YOU FOR YOUR INTEREST AND BEST OF LUCK DURING YOUR JOB SEARCH!

RELEASE OF LIABILITY

I certify that this application for qualification as a driver for Olympic Moving and Storage/Bekins Northwest was completed by me and that all entries on it and the information in it is true and complete to the best of my knowledge. I understand that an investigative report will be made whereby information is obtained through personal interviews with third parties such as past employers, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. I have fully disclosed and listed all of my employers for the past three years and state that I was subject to the Federal Motor Carrier Safety Regulations during that time. This investigation shall include information as to my criminal violation record, safety performance history and drug and alcohol testing results as required by FMCSR 391.23 (d), as applicable. I further understand that I have the right to review the information provided by my previous employers for the past three years. I understand that I have the right to have errors corrected in the information provided and if such information is not corrected, I may submit a rebuttal statement to contest its accuracy in accordance with FMCSR 391.23 (i).

I hereby forever release and discharge Olympic Moving and Storage/Bekins Northwest, its officers, directors, agents, and employees, as well as successors, assigns, and all other persons acting on its behalf, from any claims, liability, action for damages, compensation, or otherwise, know or unknown, on account of or arising out of the investigation, receipt, and/or the disclosure of the required information.

I further release and discharge from all liability, all companies, agencies, officers, officials, employees, and persons providing the required information and/ or records as requested and exchanged to successfully complete a background investigation for application of qualification.

I further hereby verify that I have been given a copy of the "Summary of a Consumer's Rights Under the Fair Credit Reporting Act" and understand my rights as listed in this summary.

I HAVE READ THE ABOVE AND UNDERSTAND ITS CONTENTS.*

☐ Yes

Email Confirmation: _____

Date: _____

We are required to compile the following information for statistical purposes in order to comply with certain federal regulations relating to Equal Employment Opportunity and Affirmative Action requirements. The information you provide is strictly on a voluntary basis, and the content of the information will not affect your eligibility for employment. Likewise, if you choose not to provide this information it will not affect your eligibility for employment in any way.

For your reference:

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

- White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- Asian (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- American Indian or Alaska Native (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

- Two or More Races (not Hispanic or Latino) - A person identifies with more than one of the following, as defined above: White; Black or African American; Native Hawaiian or Other Pacific Islander; Asian; or American Indian or Alaska Native.

Voluntary Information:

Gender*: ☐ Male ☐ Female ☐ Opt Out

Race* (Check ONE):

- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native (Not Hispanic or Latino
- ☐ Asian (Not Hispanic or Latino)
- ☐ White (Not Hispanic or Latino)
- ☐ Black or African American (Not Hispanic or Latino)
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- ☐ Two or More Races (Not Hispanic or Latino)
- ☐ Opt Out

Veteran*: ☐ Yes ☐ No ☐ Opt Out