



GREAT NORTHWEST TRANSPORT, LLC

APPLICATION FOR EMPLOYMENT

We, the people of **Great Northwest Transport, LLC**, are pleased that you have decided to apply for employment with our firm. If we can be of help in addressing any special needs relative to preparing this application, please let us know. Each section and question must be fully and accurately answered. No action will be taken on an incomplete application. Use blank paper if you do not have enough room on this application form. **PLEASE PRINT**, except for signature on back of Application. All information will be available only to persons who have a "need to know" or as required by law.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

(PLEASE PRINT)

Position Applied For	Location of Position	Date of Application
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How did you learn about **Great Northwest Transport, LLC**?

Advertisement
 Walk-In
 Friend
 Local Community Information
 Employment Agency
 Other

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Cell Phone #	Email Address
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If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with Great Northwest Transport, LLC before? Yes No
If Yes, give date _____

Have you ever been employed with Great Northwest Transport, LLC before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you lawfully authorized to work in the U.S.? Yes No
(Federal Law requires proof of identity and employment authorization for all new employees.)

On what date would you be available for work? _____

Are you seeking Full Time Part Time Temporary employment?

Can you travel if a job requires it? Yes No

Have you been convicted of a criminal offense? (Conviction will not necessarily disqualify an applicant from employment.) Yes No

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Check Box of Last Year Completed	Diploma Degree
			Did you graduate?	
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Professional			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Business, Vocational)			Yes No	

Skills/Qualifications

Specialized Skills Check Skills/Equipment Operated

	Microsoft	Agricultural/Mechanical Machinery Operated (list):	Other (list):
___ Computer	___ Outlook	_____	_____
___ Calculator	___ Windows	_____	_____
___ Agronomics	___ Excel	_____	_____
___ Truck Driving	___ Access	_____	_____
	___ Word	_____	_____
	___ PowerPoint	_____	_____

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.
 (Please exclude information that may disclose that you are a member of a protected class)

Do you have any experience in farm work? Yes No

Please list: _____

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job or occupation for which you have applied? Yes No

Employment Experience

Start with your present or last job. Account for all employment within the past 3 years. If you need additional space, please continue on a separate sheet of paper. Include any job-related military service assignments and job-related volunteer activities. You should exclude organizations which indicate race, age, marital status, color, religion, gender, national origin, disability, veteran or current military service, or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving				Did you operate a commercial vehicle, as part of your employment experience <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving				Did you operate a commercial vehicle, as part of your employment experience <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving				Did you operate a commercial vehicle, as part of your employment experience <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving				Did you operate a commercial vehicle, as part of your employment experience <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any currently held licenses/certificates (including state pesticide licenses) relating to this position

Type

State

1. _____
2. _____
3. _____
4. _____

References (please include at least three professional references)

1.	_____ (Name) _____ () Phone #
2.	_____ (Name) _____ () Phone #
3.	_____ (Name) _____ () Phone #
4.	_____ (Name) _____ () Phone #

Applicant's Statement

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character, and qualifications. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Furthermore, I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract. I understand that no representative of the Employer has the authority to make any assurance to the contrary.

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, and custodians of official records.

Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I HAVE HAD AN OPPORTUNITY TO HAVE MY QUESTIONS ABOUT THIS STATEMENT'S CONTENT AND INTENT ANSWERED AND UNDERSTAND ITS TERMS.

Signature of Applicant

Date