

APPLICATION FOR EMPLOYMENT

TOP FLIGHT TRANSPORTATION, INC.

P. O. Box 25090

Portland, Oregon 97298-0090

Interstate/Intrastate Brokers

USDOT 2214413 - MC#216484 Oregon Intrastate License #80

(503)297-6272 VOICE

www.topflighttrans.com

FAX (503)297-6359

Please Note: **Incomplete applications will not be considered**

Top Flight Transportation, Inc. hires and promotes without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury or mental/physical handicap unrelated to job performance or any other reason prohibited by law.

This application will be considered only for the specific job for which you are applying. It will not be retained. If you desire to be considered for a position at a future time you must file a new application.

Name of Applicant: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Are you 18 years of age? _____ What date would you be available to start employment with Top Flight: _____

If you are not a United States citizen, can you provide a visa, labor certificate and/or work permit? _____

JOB APPLIED FOR: _____ Date _____

How did you become aware of job opening? _____

Education: (Or attach current Resume)

College: _____ City/ST: _____ Dates Attended: _____ DEGREE: _____

College: _____ City/ST: _____ Dates Attended: _____ DEGREE: _____

Trade

School: _____ City/ST: _____ Dates Attended: _____ DEGREE: _____

High

School: _____ City/ST: _____ Dates Attended: _____ DEGREE: _____

Do you hold any licenses or certificates other than a driver's license? _____ If yes, please describe: _____

If you have any special training, qualifications, or skills which are relevant to the position for which you are applying, list them here:

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Please list your previous work experience – beginning with your most recent position. Account for all positions held in the **last 10 years**. Attach extra pages if needed. **(You may attach a resume if it includes all the information requested.)**

1. Company Name: _____ City: _____ State: _____
Position held: _____ Dates employed: _____ Website: _____
Reason for leaving: _____
Primary Job Duties and Responsibilities: _____
Supervisor Name: _____ Telephone: _____ May we contact this employer? _____

2. Company Name: _____ City: _____ State: _____
Position held: _____ Dates employed: _____ Website: _____
Reason for leaving: _____
Primary Job Duties and Responsibilities: _____
Supervisor Name: _____ Telephone: _____ May we contact this employer? _____

3. Company Name: _____ City: _____ State: _____
Position held: _____ Dates employed: _____ Website: _____
Reason for leaving: _____
Primary Job Duties and Responsibilities: _____
Supervisor Name: _____ Telephone: _____ May we contact this employer? _____

4. Company Name: _____ City: _____ State: _____
Position held: _____ Dates employed: _____ Website: _____
Reason for leaving: _____
Primary Job Duties and Responsibilities: _____
Supervisor Name: _____ Telephone: _____ May we contact this employer? _____

5. Company Name: _____ City: _____ State: _____
Position held: _____ Dates employed: _____ Website: _____
Reason for leaving: _____
Primary Job Duties and Responsibilities: _____
Supervisor Name: _____ Telephone: _____ May we contact this employer? _____

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Please list three personal references **other than** relatives and past employers who have known you longer than one year:

(1)Name: _____ Occupation: _____ How known: _____

Telephone: _____ Best time to call: _____ Email: _____

(2)Name: _____ Occupation: _____ How known: _____

Telephone: _____ Best time to call: _____ Email: _____

(3)Name: _____ Occupation: _____ How known: _____

Telephone: _____ Best time to call: _____ Email: _____

Have you ever been convicted of a felony? _____ **Date Convicted:** _____

Describe: _____

I certify that the information given by me on this application is true and complete to the best of my knowledge. I understand that, if I am employed, any discovery that I have given false or misleading information may result in my immediate termination. I authorize To Flight Transportation, Inc. to solicit information regarding my character, general reputation, credit, previous employment and similar background information, and to contact any and all references I have given on this application. I further understand that Top Flight will access public records, where possible, to verify information provided on this application, including but not limited to, felony convictions. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information.

I agree that I will undergo a physical examination, if requested, by the company and recognize that any offer of employment may be contingent upon the result of such an examination.

In consideration of my employment, I agree to conform to the rules and regulations of Top Flight Transportation, Inc., and that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of the company.

I understand that no management employee other than the president of the company has any authority to enter into any agreement for any specified time or to make any agreement contrary to the foregoing.

I hereby acknowledge that I have read and understand the above statements.

Printed
Name: _____ Signature: _____ DATE: _____

Please return completed applications via:

Email – brokerapplication@topflighttrans.com

Fax - 503-419-2730

Or by Mail:

TOP FLIGHT TRANSPORTATION, INC.

PO BOX 25090

Portland, OR 97298

Attention: Hiring Manager

Thank you for your interest in working for Top Flight Transportation.