



## DRIVER EMPLOYMENT APPLICATION

Multifab Corporation is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. It is the policy of Multifab Corporation to provide equal employment opportunities to applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status. Should an applicant need a reasonable accommodation in the application process, please contact Human Resources at 800.435.8210.

**INSTRUCTIONS:** Please fill out all of the sections below.

**Application Date:** \_\_\_\_\_

**Position Applying For:** \_\_\_\_\_

**Location Applying to Work At:**

Spokane  Vancouver  Kent  Boise  MT

### APPLICANT INFORMATION

**Full Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Date of Birth #** \_\_\_\_\_

Are you authorized to lawfully work in the United States?

Yes  No

### PREVIOUS THREE YEARS OF RESIDENCY

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
PREVIOUS					
PREVIOUS					
PREVIOUS					

### LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

**EXPIRATION DATE OF DOT PHYSICAL CARD**

Month	Day	Year

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRAILOR & SEMI TRAILOR				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

Have you ever been denied a license, or privilege to operate a motor vehicle?  Yes  No

If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked?  Yes  No

If yes, explain:

**ACCIDENT RECORD FOR THE PAST 3 YEARS** (Other than parking violations)

DATE (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS** (Other than parking violations)

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY


**PREVIOUS EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide an employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backward (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

**Employer Name 1:**

Your Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed:	Start Mo/Yr.		End Mo/Yr.	
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Job Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

While employed here, were you subject to FMCSA regulations?  Yes  No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

**Employer Name 2:**

Your Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed:	Start Mo/Yr.		End Mo/Yr.	
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Your Job Duties/Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

While employed here, were you subject to FMCSA regulations?  Yes  No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

**Employer Name 3:**

Your Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed:	Start Mo/Yr.		End Mo/Yr.	
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Your Job Duties/Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name 4:**

Your Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed:	Start Mo/Yr.		End Mo/Yr.	
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Your Job Duties/Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

While employed here, were you subject to FMCSA regulations? Yes No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Yes No

**EDUCATION**

SCHOOL	NAME & LOCATION	GRADUATED	TYPE OF DEGREE EARNED
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list below the skills and qualifications you possess for the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES:** (Please list 3 professional references).

FULL NAME	TELEPHONE #	RELATION TO YOU	COMPANY

## EMPLOYMENT APPLICATION CERTIFICATION

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For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL), the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR Part 40.25(j).

As a prospective driver employee, you have the right to review the information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review the previous employer-provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of the denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company "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."

### Authorization and Consent

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With my signature below, I authorize Multifab Corporation to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary for arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

### Certification

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My signature below 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. If this application leads to employment, understand that false or misleading information in this application or interview may result in termination of employment.

**I have carefully read the above certification and I understand and agree to its terms.**

Applicant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_



## EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires Multifab Inc. to determine this information by visual survey and/or other available information.

**NAME:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

**GENDER:**

(Please check one of the options below)

\_\_\_\_\_ Male

\_\_\_\_\_ Female

**RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

\_\_\_ **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 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.

**Native American 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 maintains tribal affiliation or community attachment.

**Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

**I do not wish to disclose.**



## **Affirmative Action: Post-Offer Invitation to Self-Identify as a Veteran (VEVRAA)**

As a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) of 1974, Multifab Inc. is required to submit a report to the U.S. Department of Labor each year identifying the number of protected veterans who were newly hired, as well as the number of protected veterans who were employed. If you believe you belong to any of the categories of protected veterans listed below, please indicate so by checking the appropriate box.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the VEVRAA, as amended.

**Print Name:**

**Print Job Title:**

I belong to the following classifications of protected veterans (choose all that apply):

**Disabled Veteran**

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran**

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

**Active Wartime or Campaign Badge Veteran**

An "active-duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Armed Forces Service Medal Veteran**

An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military





operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Date Service Ended:** \_\_\_\_\_

- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.**
  
- I am NOT a protected veteran.**

If you are a disabled veteran, please indicate whether there are accommodations we could provide that would enable you to perform the essential functions of your job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed about the restrictions on the work or duties of disabled veterans and about necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past  
No, I do not have a disability and have not had one in the past  
I do not want to answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: