

**SOCKEYE CYCLE CO.** P.O. BOX 829, HAINES, AK 99827-0829  
TF 877-292-4154, 907-766-2869, Fax 907-766-2851,  
Email:sockeye@cyclealaska.com

## **APPLICATION FOR EMPLOYMENT**

USE ADDITIONAL PAPER IF NECESSARY

### **PERSONAL INFORMATION:**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN NAME, IF ANY)

**ADDRESS  
FOR PAST  
THREE YEARS**

} ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)  
} ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

PHONE NUMBER \_\_\_\_\_ E-Mail Address \_\_\_\_\_

D.O.B. \_\_\_\_\_  
S.S. # \_\_\_\_\_

REFERRED BY \_\_\_\_\_

EMPLOYMENT POSITIONS INTERESTED IN: (CIRCLE)

TOUR MANAGER      SHOP MANAGER      RETAIL MANAGER      SERVICE MANAGER  
DOCK REP / OFFICE ASST.      GUIDE/DRIVER      LEAD GUIDE      MECHANIC      RETAIL  
OFFICE MANAGER (HAINES)      SHOP MANAGER (HAINES)

ARE YOU INTERESTED IN FULL-TIME OR PART-TIME WORK? \_\_\_\_\_

ARE YOU AVAILABLE TO WORK MAY THRU SEPTEMBER? \_\_\_\_\_

IF NOT, DATE YOU CAN START WORK? \_\_\_\_\_ END WORK? \_\_\_\_\_

### **WORK EXPERIENCE (last three):**

1) NAME OF EMPLOYER \_\_\_\_\_  
ADDRESS/PHONE OF EMPLOYER \_\_\_\_\_  
DATE OF EMPLOYMENT \_\_\_\_\_  
JOB DESCRIPTION \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

**A. WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSRS) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES \_\_\_ NO \_\_\_**

**B. WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES \_\_\_ NO \_\_\_**

2) NAME OF EMPLOYER \_\_\_\_\_  
ADDRESS/PHONE OF EMPLOYER \_\_\_\_\_  
DATE OF EMPLOYMENT \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

**A. WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSRS) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES \_\_\_ NO \_\_\_**

**B. WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES \_\_\_ NO \_\_\_**

3) NAME OF EMPLOYER \_\_\_\_\_  
 ADDRESS/PHONE OF EMPLOYER \_\_\_\_\_  
 DATE OF EMPLOYMENT \_\_\_\_\_  
 JOB DESCRIPTION \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

**A. WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSRS) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES \_\_\_ NO \_\_\_**

**B. WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES \_\_\_ NO \_\_\_**

**EDUCATION:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING INFORMATION:**

DRIVER	STATE	LICENSE NO.	TYPE	EXPIRATION DATE	# YEARS LICENSED
LICENSES					

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX NO. OF MILES (TOTAL)
		FROM	TO	

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE**

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			

NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**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 SUSPENDED OR REVOKED?** YES \_\_\_ NO \_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

**CERTIFICATIONS RECEIVED (WITH DATES OF EXPIRATIONS):**

FIRST AID \_\_\_\_\_ CPR \_\_\_\_\_

EMERGENCY MEDICAL TECHNICIAN \_\_\_\_\_ EMERGENCY TRAUMA TRAINING \_\_\_\_\_

COMMERCIAL DRIVERS LICENSE \_\_\_\_\_

OTHER \_\_\_\_\_

**OTHER EXPERIENCE/JOB RELATED SKILLS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES**

1) NAME \_\_\_\_\_  
 ADDRESS/PHONE \_\_\_\_\_  
 POSITION/RELATION \_\_\_\_\_  
 YEARS ACQUAINTED \_\_\_\_\_  
 MAY WE CONTACT THIS PERSON FOR A REFERENCE?

2) NAME \_\_\_\_\_  
 ADDRESS/PHONE \_\_\_\_\_  
 POSITION/RELATION \_\_\_\_\_  
 YEARS ACQUAINTED \_\_\_\_\_  
 MAY WE CONTACT THIS PERSON FOR A REFERENCE?

3) NAME \_\_\_\_\_  
 ADDRESS/PHONE \_\_\_\_\_  
 POSITION/RELATION \_\_\_\_\_  
 YEARS ACQUAINTED \_\_\_\_\_  
 MAY WE CONTACT THIS PERSON FOR A REFERENCE?

**PERSONAL STATEMENT:**

**AUTHORIZATION**

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND INQUIRIES TO MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTH CARE PROVIDERS AND OTHER PERSONS FROM LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMATION IN CONNECTION WITH MY APPLICATION.

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:

- o REVIEW INFORMATION PROVIDED BY CURRENT/PREVIOUS EMPLOYERS;
- o HAVE ERRORS IN THE INFORMATION CORRECTED BY PREVIOUS EMPLOYERS AND FOR THOSE PREVIOUS EMPLOYERS TO RE-SEND CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER; AND
- o 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."

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS CERTIFIES THAT I COMPLETED THIS APPLICATION, AND THAT ALL ENTIRES ON IT AND INFORMATION ON IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_