

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? \_\_\_\_\_

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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? \_\_\_\_\_

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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? \_\_\_\_\_

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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? \_\_\_\_\_

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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 – [dbeerstftrans@gmail.com](mailto:dbeerstftrans@gmail.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.**