



6242 Portland Road NE, Salem Oregon, 97305
 Phone: 503-363-6444 Fax: 503-363-0709 www.highwayfuel.com

Application for Employment & Pre-Employment Questionnaire

- Equal Opportunity Employer
- Drug-free Workplace
- Pre-employment screen required
- Highway Fuel is an "at-will" employer

APPLICANT INFORMATION			
Today's date:		Position applying for:	
Name:		Email address:	
Current address:		City:	State: Zip:
Primary Phone:	Alternate Phone:		Referred by:
Are you 18 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date you can start:
Are you available on weekends?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you seeking Full time <input type="checkbox"/> Part time <input type="checkbox"/> Either <input type="checkbox"/>
Are you eligible to work in the US?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary desired:	If so, may we contact current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have reliable transportation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you worked here before? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been fired from a job?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you capable of lifting 50 lbs? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:			

*Answering yes to this question does not automatically disqualify you from consideration

Names and Locations of Schools Attended	Final Grade	Did you graduate?	Subject/Degree
High School:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driver's license: Class A CDL: <input type="checkbox"/> Class B CDL: <input type="checkbox"/> Class C (standard license): <input type="checkbox"/> None: <input type="checkbox"/>		License No.:	State:
CDL issue date:	Please list any limitations on your license:		
Please list any US military service:		Rank:	Honorable Discharge: Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list any additional training and skills:			

EMPLOYMENT HISTORY and REFERENCES			
Previous employers and positions held	Employer Phone	Dates (MM/YY)	Reason for leaving
		From:	
		To:	
		From:	
		To:	
		From:	
		To:	

(continued on back)

