

## Mercury PDX Job Application

Dear Prospective Employee:

Thank you for taking the time to apply for a position with Mercury PDX, the top local same-day shipping company. There are many advantages to working for the fastest growing local trucking/delivery company in the region. Mercury PDX has been in business since February 2000 and we are looking forward to adding additional team members.

To be considered for a position with Mercury PDX, please completely fill out this application. The process will take 10-15 minutes. Incomplete information will delay the processing of your application. Once completed, please sign and date the application and fax it to MercuryPDX at **503-282-1416**, email it to [employment@mercurypdx.com](mailto:employment@mercurypdx.com), or mail to MercuryPDX, PO Box 2274, Portland, OR 97208.

We are a very busy organization. We respectfully request that you do NOT phone or drop in our office regarding your employment status. We only accept applications via fax. If you have any questions please email them to: [employment@mercurypdx.com](mailto:employment@mercurypdx.com).

### Personal Information

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issuing: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I am applying for a job as: \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

What type of employment are you seeking?      Full      Part-Time

Are you able to work overtime hours?      Yes      No

Are you legally eligible for employment in the U.S.A.?      Yes      No

Are you over the age of 21?      Yes      No

From what time in the AM to what time in the PM are you able to work? \_\_\_\_\_

Are you able to work holidays and weekends?      Yes      No

Please list any handicaps, health problems or prior work injuries that should be considered in job placement: \_\_\_\_\_

Briefly describe your physical condition: \_\_\_\_\_

The amount of weight that I can safely lift to my waist is \_\_\_\_\_ lbs.

Has your driver's license ever been suspended, revoked or denied?      Yes      No

Have you ever been stopped while intoxicated?      Yes      No

Have you ever been convicted for possession, sale or use of a narcotic drug, amphetamine or a derivative thereof?      Yes      No

How many moving violations or driving accidents have you had in the past 5 years?

# Of driving tickets \_\_\_\_\_ # of driving accidents \_\_\_\_\_

Please list month and date for each:

Do you have any driving related violations or charges pending?      Yes      No

Have you ever been convicted of a felony criminal offense?      Yes      No

All employees of Mercury PDX must submit to a drug test. Will you pass a drug test?      Yes      No

**Employment History**

Most current employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Position held: \_\_\_\_\_ Employed from \_\_\_\_\_ until \_\_\_\_\_

Rate of pay: starting \_\_\_\_\_ ending \_\_\_\_\_

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

Supervisor's name and title:  
\_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?      Yes      No

Name of next previous employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Position held: \_\_\_\_\_ Employed from \_\_\_\_\_ until \_\_\_\_\_

Rate of pay: starting \_\_\_\_\_ ending \_\_\_\_\_

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

Supervisor's name and title:  
\_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?      Yes      No

Name of next previous employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Position held: \_\_\_\_\_ Employed from \_\_\_\_\_ until \_\_\_\_\_

Rate of pay: starting \_\_\_\_\_ ending \_\_\_\_\_

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

Supervisor's name and title:  
\_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?      Yes      No

**Education/Skills**

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Did you graduate? Yes No  
College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Did you graduate? Yes No Degree or course of study: \_\_\_\_\_  
Do you possess any special drivers licenses? Yes No Please list: \_\_\_\_\_  
Can you drive a standard transmission (e.g. clutch)? Yes No  
Do you have any fork lift experience? Yes No If yes # of years: \_\_\_\_\_  
Do you have any pallet jack experience? Yes No If yes # of years: \_\_\_\_\_  
Do you have any engine or mechanical skills? Yes No  
If yes please describe: \_\_\_\_\_  
How long have you been a Portland resident? \_\_\_\_\_ Yrs  
Please describe your knowledge of the Portland area: \_\_\_\_\_  
Please describe any additional skills or schooling that you possess:

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

What qualities or traits do you have that will help you excel within our company?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal Info**

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.

I acknowledge that employment may be conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy.

I acknowledge that if I become employed, I will be free to terminate my employment at anytime for any reason, and that Mercury PDX retains the same rights. No Mercury PDX representative has the authority to make any contrary agreement.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_