|  |  |
| --- | --- |
| ST.ONGE TRANSPORT, INC.  P.O. Box 1472 Derby VT 05829  Phone: 802-334-3044 Fax: 802-487-9371  APPLICATION FOR EMPLOYMENT |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | |
| Last: | | | | First: | | M.I.: | | | | Maiden Name (if applicable): | | | | | |
| Street Address | |  | | | | | | | | | | Apartment/Unit # | |  | |
| City |  | | | | | State, ZIP | |  | | | | How long at this address: | | | |
| Phone |  | | | | | Date of Birth: | | | | | | Social Security #: | | | |
| **Address for the past three years (Attach sheet if additional space is required)** | | | | | | | | | | | | | | | |
| Street: | |  | | | City: | | | Zip: | | | | | | | |
| Street: | |  | | | City: | | | Zip: | | | | | | | |
| **License Information: Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.** | | | | | | | | | | | | | | | |
| STATE: | | | LICENSE NO.: | | | | TYPE: | | | | EXPIRATION DATE: | | | | |
| DRIVING EXPERIENCE | | | | | | | | | | | | | | | |
| **Class of Equipment** | | | **TYPE (VSN, TANK, FLAT, ETC.)** | | | | | | **DATES**  **FROM TO** | | | | **TOTAL OF MILES (APPROX)** | | |
| STRAIGHT TRUCK | | |  | | | | | |  | | | |  | | |
| TRACTOR & SEMI-TRAILER | | |  | | | | | |  | | | |  | | |
| TRACTOR – TWO TRAILER | | |  | | | | | |  | | | |  | | |
| OTHER | | |  | | | | | |  | | | |  | | |
| **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.)** | | | | | | **NUMBER OF FATALITIES** | | | | **# INJURIES** | | **CHEMICAL SPILLS** |
|  | | |  | | | | | |  | | | |  | | Yes □ No □ |
|  | | |  | | | | | |  | | | |  | | Yes □ No □ |
|  | | |  | | | | | |  | | | |  | | Yes □ No □ |
| **TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed)** | | | | | | | | | | | | | | | |
| **DATES CONVICTED**  **(month/year)** | | | **VIOLATION** | | | | | | **STATE OF VIOLATION**  **LOCATION** | | | | **PENALTY**  **(Forfeited bond, collateral and/or points)** | | |
|  | | |  | | | | | |  | | | |  | | |
|  | | |  | | | | | |  | | | |  | | |
|  | | |  | | | | | |  | | | |  | | |

(Attach sheet if additional space is necessary)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_ NO \_\_\_\_

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? YES\_\_\_\_ NO \_\_\_\_

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the answer to either A or B is yes, attach a statement giving details. OVER**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employment RECORD (Attach sheet if additional space is needed) APPLICANTS THAT DESIRE TO DRIVE IN INTRASTATE/INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PREVIOUS THREE (3) YEARS. yOU MUST GIVE THE SAME INFORMATION FOR ALL EMPLOYERS YOU HAVE DRIVEN A COMMERCIAL MOTOR VEHICLE FOR THE SEVEN (7) YEARS PRIOR TO THE INITIAL THREE (3) YEARS (TOTAL OF TEN (10) YEARS EMPLOYMENT RECORD). | | | | | | | | | | | |
| Last Employer Name: | | | | | | | | Phone |  | | |
| Address | | |  | | | | | | | | |
| Job Title | | |  | | | Starting Salary | | $ | | Ending Salary | $ |
| From |  | To | |  | Reason for Leaving | |  | | | | |
| Any gaps in employment and/or unemployment must be explained. Include dates (MM/YYYY) and reason: | | | | | | | | | | | |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes □ No □  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 □ | | | | | | | | | | | |
| Second Last Employer: | | | | | | | | Phone |  | | |
| Address | | |  | | | | | | | | |
| Job Title | | |  | | | Starting Salary | | $ | | Ending Salary | $ |
| From |  | To | |  | Reason for Leaving | |  | | | | |
| Any gaps in employment and/or unemployment must be explained. Include dates (MM/YYYY) and reason: | | | | | | | | | | | |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes □ No □  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 □ | | | | | | | | | | | |
| Third Last Employer: | | | | | | | | Phone |  | | |
| Address | | |  | | | | | | | | |
| Job Title | | |  | | | Starting Salary | | $ | | Ending Salary | $ |
| From |  | To | |  | Reason for Leaving | |  | | | | |
| Any gaps in employment and/or unemployment must be explained. Include dates (MM/YYYY) and reason: | | | | | | | | | | | |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes □ No □  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 □ | | | | | | | | | | | |
| **TO BE READ AND SIGNED BY APPLICANT**  **I authorize St.Onge Transport, Inc. to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in 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.**  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 €. 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.”   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Applicant’s signature  This 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.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Applicant’s signature | | | | | | | | | | | |
| Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations. | | | | | | | | | | | |