



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:		
<small>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.</small>				
STATE:	LICENSE NO.:	TYPE:	EXPIRATION DATE:	
DRIVING EXPERIENCE				
Class of Equipment	TYPE (VSN, TANK, FLAT, ETC.)	FROM	DATES 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 <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
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
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Address

Job Title	Starting Salary \$	Ending Salary \$
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From	To	Reason for Leaving
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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
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Address

Job Title	Starting Salary \$	Ending Salary \$
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From	To	Reason for Leaving
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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
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Address

Job Title	Starting Salary \$	Ending Salary \$
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From	To	Reason for Leaving
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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.