## **ST.ONGE TRANSPORT, INC.**

P.O. Box 1472 Derby VT 05829

Phone: 802-334-3044 Fax: 802-487-9371



## APPLICATION FOR EMPLOYMENT

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed  DATES CONVICTED  (month (work)  VIOLATION  VIOLATION  FINJURIES  SPIL  Yes □ N			APPL	LICANT I	INFORMATION	N					
Address   State,   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:   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 do not have more than one motor vehicle license, the information for which is listed below.  STATE:   LICENSE NO.:   TYPE:   EXPIRATION DATE:    STATE:   LICENSE NO.:   TYPE:   EXPIRATION DATE:    STRAIGHT TRUCK   TYPE (VSN, TANK, FLAT, ETC.)   FROM   DATES    STRAIGHT TRUCK   TYPE (VSN, TANK, FLAT, ETC.)   FROM   DATES    STRAIGHT TRUCK   TO   TOTAL OF MILES (APPROX)    STRAIGHT TRUCK   TOTAL OF MILES (APPROX )  STRAIGHT TRUC	Last:	First:		M.I.:	Maiden Name (if	applicable):					
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 do not have more than one motor vehicle license, the information for which is listed below.  STATE:   LICENSE NO.:   TYPE:   EXPIRATION DATE:    DATES   DATES   TO   TOTAL OF MILES (APPROX)    TO   TOTAL OF MILES (APPROX OF					'		Apartment/U	nit #			
Address for the past three years (Attach sheet if additional space is required)  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 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.) FROM DATES  TYPE (VSN, TANK, FLAT, ETC.) FROM TO TO TATAL 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)  NATURE OF ACCIDENT (Head-on, Rear-End, Upset, etc.) NUMBER OF FATALITIES # INJURIES SPIL  Yes DATES  TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed pend, contact the park the	City							How long at this address:			
Street: City: Zip:  License Information: Section 333.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify on 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.) FROM TO (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)  NATURE OF ACCIDENT (Head-on, Rear-End, Upset, etc.)  TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed PENALTY (Forfeited bond, collaboration)  TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed bond, collaboration)  STATE OF VIOLATION (Forfeited bond, collaboration)	Phone			Date of Bi	ate of Birth: Social Seco				urity #:		
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 on thave 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.) 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)  NATURE OF ACCIDENT (Head-on, Rear-End, Upset, etc.) NUMBER OF FATALITIES # INJURIES CHEMICS PIL  Yes Now Ye		Address for the past	t three ye	ars (Atta	ch sheet if add	litional spa	ce is require	d)			
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 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.) 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)  NATURE OF ACCIDENT (Head-on, Rear-End, Upset, etc.)  NUMBER OF FATALITIES # INJURIES CHEMINATION  TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed DATES CONVICTED VIOLATION (Forfeited bond, cold)	Street:	Ci	ity:		Zip:						
STATE: LICENSE NO.: TYPE: EXPIRATION DATE:  Class of Equipment TYPE (VSN, TANK, FLAT, ETC.) FROM TO TOTAL OF MILES (APPROX)  STRAIGHT TRUCK  TRACTOR & SEMI-TRAILER  OTHER  ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed)  NATURE OF ACCIDENT (Head-on, Rear-End, Upset, etc.)  TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed bond, coll (PSN) (Forfeited bond, coll (PSN))  STATE OF VIOLATION  STATE OF VIOLATION  STATE OF VIOLATION  STATE OF VIOLATION  PENALTY (Forfeited bond, coll contents)	Street:	City: Zip:									
Class of Equipment TYPE (VSN, TANK, FLAT, ETC.)  STRAIGHT TRUCK  TRACTOR & SEMI-TRAILER  TRACTOR - TWO TRAILER  OTHER  ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed)  NATURE OF ACCIDENT (Head-on, Rear-End, Upset, etc.)  NUMBER OF FATALITIES  # INJURIES  Yes - N  Yes - N  TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed  DATES CONVICTED  VIOLATION  VIOLATION  STATE OF VIOLATION  FROM  TO  TOTAL OF MILES (APPROX)						nall at any time l	have more than o	ne driver's li	cense". I ce	rtify that I	
Class of Equipment  TYPE (VSN, TANK, FLAT, ETC.)  STRAIGHT TRUCK  TRACTOR & SEMI-TRAILER  TRACTOR - TWO TRAILER  OTHER  ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed)  NATURE OF ACCIDENT (Head-on, Rear-End, Upset, etc.)  NUMBER OF FATALITIES  # INJURIES  CHEMI SPIL  Yes   N  Yes   N  TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed  DATES CONVICTED  WIOLATION  VIOLATION  STATE OF VIOLATION  FENALTY (Forfeited bond, coll	STATE:	LICENSE NO.:		TY	PE:	EXPIRATION	N DATE:				
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TRACTOR & SEMI-TRAILER  TRACTOR – TWO TRAILER  OTHER  ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed)  NATURE OF ACCIDENT (Head-on, Rear-End, Upset, etc.)  NUMBER OF FATALITIES  # INJURIES  CHEMIS SPIL  Yes   N  Yes   N  TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed  DATES CONVICTED  (MORTH) (1907)  VIOLATION  STATE OF VIOLATION  PENALTY (Forfeited bond, coll)	Class of Equipment	TYPE (VSN, TANK, FLAT	T, ETC.)		FROM	DATES	то				
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  CHEMIC SPIL  Yes   N  Yes   N  TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed  DATES CONVICTED (month (vor))  VIOLATION  STATE OF VIOLATION (Forfeited bond, coll	STRAIGHT TRUCK										
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.)  Yes   N  Yes   N  TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations — Attach sheet if needed  DATES CONVICTED (Month (Month)  VIOLATION  VIOLATION  VIOLATION  PENALTY (Forfeited bond, coll	TRACTOR & SEMI-TRAILER										
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.)  Yes □ N  TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed  DATES CONVICTED  VIOLATION  STATE OF VIOLATION  LOCATION  FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed)  PENALTY (Forfeited bond, coll	TRACTOR – TWO TRAILER										
DATES NATURE OF ACCIDENT (Head-on, Rear-End, Upset, etc.)  NUMBER OF FATALITIES  # INJURIES  CHEMIS SPIL  Yes   N  Yes   N  TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed  DATES CONVICTED  (Manually Manually M	OTHER										
TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed  DATES CONVICTED  WIOLATION  STATE OF VIOLATION  PENALTY (Forfeited bond, coll	AC	CIDENT RECORD FOR	PAST 3 Y	EARS OR	MORE (Attach s	sheet if more	e space is ne	eded)			
TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed  DATES CONVICTED  (month /voor)  VIOLATION  VIOLATION  FENALTY (Forfeited bond, coll	DATES				NUMBE	R OF FATAL	ITIES	# INJURIES		MICAL PILLS	
TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed  DATES CONVICTED  (month (voor)  VIOLATION  VIOLATION  VIOLATION  FENALTY (Forfeited bond, coll									Yes 🗆	No □	
TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations – Attach sheet if needed  DATES CONVICTED  (month /voor)  VIOLATION  VIOLATION  VIOLATION  FENALTY (Forfeited bond, coll									Yes 🗆	No □	
DATES CONVICTED  (month (voor)  VIOLATION  VIOLATION  FENALTY  (Forfeited bond, coll									Yes 🗆	No □	
MATES CONVICTED VIOLATION STATE OF VIOLATION (Forfeited bond, coll	TRAFFIC CONVICT	IONS & FORFEITURES	FOR THE	PAST 3 Y	EARS (Other tha	an parking v	iolations – A	ttach she	et if need	ed)	
		VIOLATION						PENALTY (Forfeited bond, collateral and/or points)			
			/A11 ! . !								
(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:	Has any license, permit or pr If yes, please explain:					'ES NO _				OVER	

PROVIDE THE FOLLOW	ING INFORMATION OF DRIVEN A COMMER	N ALL EMPLOYERS DURI	NG THE PREVIOUS TH	THAT DESIRE TO DRIVE IN IREE (3) YEARS. YOU MUS ARS PRIOR TO THE INITIAL	T GIVE THE SAME IN						
Last Employer Nam	ie:			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 th	e Federal Motor Ca	rier Safety Regulations	(FMCSRs) while em	ployed by the previous e	mployer? Yes   No	<b>)</b> []					
Was the previous job prequirements as requirements			ction in any DOT rec	gulated mode, subject to	alcohol and control	ed substances testing					
Second Last Emplo	Second Last Employer: Phone										
Address											
Job Title			Starting Salary	\$	Ending Salary	\$					
From	То	Reason for Leaving	I								
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	То	Reason for Leaving									
Any gaps in employment and/or unemployment must be explained. Include dates (MM/YYYY) and reason:											
Were you subject to th	e Federal Motor Ca	rier Safety Regulations	(FMCSRs) while em	ployed by the previous e	mployer? Yes   No	<b>)</b> [					
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 6. 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.