



**DRIVER APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Position applied for \_\_\_\_\_

Previous Address \_\_\_\_\_

Do you have a legal right to work in the United States? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

(If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.)

Is there any reason you might be unable to perform the functions of the job for which you have applied for? \_\_\_\_\_

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 7 years. List complete mailing addresses, street number, city, state, and zip codes for all employers.

Employer: \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Contact Person \_\_\_\_\_

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

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? YES \_\_\_\_\_ NO \_\_\_\_\_

Employer: \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Contact Person \_\_\_\_\_

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

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? YES \_\_\_\_\_ NO \_\_\_\_\_

Employer: \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Contact Person \_\_\_\_\_

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

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? YES \_\_\_\_\_ NO \_\_\_\_\_

Employer: \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Contact Person \_\_\_\_\_

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

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? YES \_\_\_\_\_ NO \_\_\_\_\_

**\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.**

## EXPERIENCE AND QUALIFICATIONS

List all driver licenses or permits held in the past 3 years:

### LICENSES

State	License #	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a vehicle? Y N

B. Has any license, permit or privilege ever been suspended or revoked? Y N

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

\_\_\_\_\_

### DRIVING EXPERIENCE

Class of Equipment	Circle Type	Dates
Straight Truck Yes _____ No _____	Van, Tank, Flat, Dump	From _____ To _____
Tractor/Semi-Trailer Yes _____ No _____	Van, Tank, Flat, Dump	From _____ To _____

List states operated in for last five years \_\_\_\_\_

Special courses or training taken that will be useful in this job \_\_\_\_\_

\_\_\_\_\_

Any safe driving awards? Y N

### EDUCATION

Last grade completed in High School: 9 10 11 12 (circle one) Other \_\_\_\_\_

College \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. Once this application has been submitted, I give Maine Coast Petroleum, Inc. permission to contact past employers to obtain information about my work history.

Signature \_\_\_\_\_ Date \_\_\_\_\_