

Managers Initials _____ **Ledgemere Transportation Inc**
 658 Sanford Road
 Wells, Maine

Wells York/Kittery Lewiston Kezar Falls Sanford

Application for Employment

We are an equal opportunity employer and consider applicants for all positions without regard to race, color, age, religion, creed, physical or mental disability, gender, national origin, marital or veteran status, sexual orientation or any other legally protected status.

(Please Print In Ink)

PERSONAL INFORMATION (MUST HAVE 3 YEARS RESIDENT HISTORY) Date: _____

Name _____
 Last First Full Middle

Present Address: _____ How Long? _____
 Street City State Zip Years/Month

Previous Address: _____ How Long? _____
 Street City State Zip Years/Month

Previous Address: _____ How Long? _____
 Street City State Zip Years/Month

Home Phone (____) _____ Cell Phone (____) _____

Email: _____

Were you referred by a current employee? Yes No
 If yes, please give name and location _____

Are you at least 18 years of age? Yes No

Desired Position: _____ Salary/Rate of pay desired: _____ Full Time Part Time

If applying for a Driving Position:

Are you at least 21 years old? Yes No

Do you have at least 3 years of verifiable driving experience in the U.S.? Yes No

Are you legally eligible to work in the United States? (Proof of eligibility will be required upon offer of employment)
 Yes No

Have you previously applied for employment with our company? Yes No Where: _____ Dates _____

Have you ever worked for our company before? Yes No Where: _____ Dates _____

On what date would you be available to work? _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

HOURS OF SERVICE

Are you currently working for any other employers, full or part time? Yes No

If yes, will you continue this employment if offered a position with our company? Yes No

If yes, give company name and current scheduled hours worked indicating start and end times.

Company name: _____

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

EDUCATION

Name and Location	Years Completed	Did you Graduate?	Course of Study
High School			
College			
Vocational School			
Other			

EMPLOYMENT HISTORY

Begin with current or most recent employer. Do not exclude any employment including temporary employment. Previous wages will not be used to determine compensation. Please provide previous employer information for the past ten (10) years. If you need additional space, please attach a separate sheet. Any gaps in any employment history dates must be explained.

CURRENT EMPLOYER (most recent)	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company _____	Supervisor _____
Address _____	Telephone (____) _____
Dates of Employment: From: Mo/Yr. _____ To: Mo/Yr. _____	Company Email Address _____
Position Held _____	Rate of Pay _____
If employed as a driver, list total years and months of prior experience with each type of equipment:	
School Bus: _____ Van _____ Other (Type of equipment :) _____	
Were you subject to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving: _____	

2nd LAST EMPLOYER:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company _____	Supervisor _____
Address _____	Telephone (____) _____
Dates of Employment: From: Mo/Yr. _____ To: Mo/Yr. _____	Company Email Address _____
Position Held _____	Rate of Pay _____
If employed as a driver, list total years and months of prior experience with each type of equipment:	
School Bus: _____ Van _____ Other (Type of equipment :) _____	
Were you subject to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving: _____	

3rd LAST EMPLOYER: May we contact this employer? Yes No
 Company _____ Supervisor _____
 Address _____ Telephone (____) _____
 Dates of Employment: From: Mo/Yr. _____ To: Mo/Yr. _____ Company Email Address _____
 Position Held _____ Rate of Pay _____
 If employed as a driver, list total years and months of prior experience with each type of equipment:
 School Bus: _____ Van _____ Other (Type of Equipment:) _____
 Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No
 Reason for leaving: _____

Explain any gaps from application and last employment in job history _____

REFERENCES

If Self Employed, applicants must submit three Good Citizen Reference Forms from three persons, not related to you, who you have known at least 7 year.

ADDITIONAL/SPECIALIZED TRAINING

List any training programs presently attending or completed: (ex: First Aid, First Responder, CPR)

School	Address City/State	Phone Number	From - To

MOTOR VEHICLE LICENSES

List all commercial motor vehicle operators' license or permit that has been issued to you at any time. For all other motor vehicle licenses, provide information for the last ten years.

STATE	LICENSE NUMBER	CLASS	DATE SURRENDERED	EXPIRATION DATE	COMMERCIAL DRIVERS LICENSE?	ENDORSEMENTS
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision of Section 604(b) (2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that your employment history may be used, and the previous employer's identified will be contacted, for the purpose of investigating your safety performance history information, verifying your previous employment, previous drug and alcohol test results, and your driving record. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver Notification

This notice serves to fulfill the requirements of 49 CFR Part 391.23(i). Each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer.

Drivers have:

- The right to review information provided by previous employers.
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Past Pre-Employment Drug & Alcohol Testing

In accordance with 49 CFR Part 40.25(j) the employer is required to ask the employee:

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes

No

Please Read Carefully Before Signing

- 1) I hereby certify that all of the information provided by me in this application (or any other accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or in termination of employment regardless of the timing or circumstances of discovery.
- 2) I hereby authorize this employer to thoroughly investigate: all of the statements I have made in this application; and my references, work record, and education; and all matters related to my suitability for employment.
- 3) I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended that such employment with this employer is at will, for no specified duration and may be terminated, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the employer or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the employer except the President has the authority to enter into any agreement guaranteeing any conditions of

employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President.

4) I understand that if offered a position, that offer is contingent on completing in a satisfactory manner, a post offer, pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer, or termination of employment if already employed.

5) In accordance with the provisions of 49 CFR Part 382.413 I hereby authorize and require my previous and/or current employers specifically listed by me on page 2 and 3 of this application to release the results (including any refusal to test) of all drug and alcohol test taken by me pursuant to the provisions of 49 CFR while in their employ to this employer by whatever means is most expedient. This includes any drug or alcohol completed by you, the applicant, for potential employment. I further release and agree to hold harmless each specifically listed previous or current employer as well as any employee, agent, or representative thereof from all liability or damage that may arise from the release of these results.

6) In consideration for employment with this company, if employed, I agree to conform to the rules, regulations, policies and procedures of this company at all times and understand that such obedience is a condition of employment. I understand that due to the nature of this business, regular and predictable attendance and punctuality are considered essential requirements of every job and that poor attendance or tardiness will result in disciplinary action.

7) I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution, whose name I have given as a reference, or by whom I have previously employed, to furnish this employer any information they may have concerning my employment or training to give such information to other companies and carriers requesting such information. I hereby release all such persons and organizations for any claims for damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish to this employer information concerning my Motor Vehicle Record.

8) An individual is not permitted to drive a commercial motor vehicle by the Department of Transportation unless he/she is physically qualified to do so. A conditional offer of employment may be made, contingent on your successful completion of any required DOT medical certification process.

Any medical information provided to this employer is strictly confidential. The company makes reasonable accommodations for individuals with physical or mental disabilities on an individualized basis in accordance with all applicable federal, state and local laws.

This certifies that this application was completed by me, and that all entries and information is true and accurate to the best of my knowledge.

Date: _____

Applicant Signature: _____

Applicant Printed Name: _____

Applications from 31 to 90 days beyond the date above must show revisions and applicants initials and a final signature and date.

Revision Date _____ Signature _____

Office Use Only

Applications older than 30 days at the time of hire must be revised. The applicant should make any revisions on this original application and initial each change. When complete, sign and date below:

Applicant Signature _____ Revision Date _____

After 90 days a new complete application is required.