

Perry Transport, Inc

4 Spring Water Road

Poland, ME 04274

(207) 998-6061

APPLICATION FOR EMPLOYMENT

Date of Application: _____

Name: _____
(First) (Middle) (Last)

Birth date: _____ S.S.N.: _____

Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____

How long? _____

Address Past 3 years: _____

How long? _____

How long? _____

Experience and Driver Qualifications

Driver Licenses	State	License No.	Type		Expiration Date		

Driving Experience

Class of Equipment	Type of Equipment	Dates		Approximate No. of Miles (total)
Straight truck				
Tractor and semi-trailer				
Tractor- two trailers				
Other				

Accident record for past 3 years or more (attach sheet if more space required)

Dates	Nature of accident (head-on, rear-end)	Fatalities	Injuries
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

Traffic convictions and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

Driver Applicants

Please understand that information you provide regarding current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history as required by 49 CFR 391.23 (d) and (e). The attached statement entitled "Due Process Rights (regarding information received as a result of investigations required by 49CFR 391.23 (d) and (e))" is being provided in accordance with 49 CFR 391.23 (i).

I have read, understand and agree to the above and attached Due Process statement.

Applicant Signature: _____ Date: _____
(month, day, year)

Employment Record

(Attach second sheet if more space is needed) (For dates use month/year)

Note: DOT requires that Employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown.

Last Employer:

Name: _____ Phone: (_____) _____

Address: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Were you subject to FMCSR while working for this company? Yes _____ No _____

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Second Last Employer:

Name: _____ Phone: (_____) _____

Address: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to FMCSR while working for this company? Yes _____ No _____

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Third Last Employer:

Name: _____ Phone: (____) _____

Address: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to FMCSR while working for this company? Yes____ No____

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes____ No _____

Fourth Last Employer:

Name: _____ Phone: (____) _____

Address: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to FMCSR while working for this company? Yes____ No____

Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes____ No _____

To be read and signed by applicant

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

(Date)

(Applicant Signature)

Note: A motor carrier may require an applicant to provide information in addition to information required by the Federal Motor Carrier Safety Regulations.

Due Process Rights

(regarding information received as a result of investigations required by 49 CFR 391.23 (d) and (e))

You are hereby notified that you have the following rights regarding the investigative information that will be provided to the prospective employer pursuant to 49CFR 391.23 (d) and (e):

(I)(1)(i) The right to review information provided by previous employers;

(I)(1)(ii) 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;

(I)(1)(iii) 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.

(I)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review records.

Received by: _____ Date: _____