

Application For Employment

Date of Application _____
(month, day, year)

Company Scott Transportation, Inc. Street Address 263 Main St #2

City, State Zip Code Fort Fairfield, ME 04742

Name _____
(first) (middle) (last)

Address _____ How Long? _____
(street) (city/state) (zip code)

Date of Birth _____ Social Security Number _____
(month, day, year)

Addresses for past 3 years _____ How Long? _____
(street) (city/state) (zip code)

_____ How Long? _____
(street) (city/state) (zip code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Cell phone _____

EXPERIENCE AND QUALIFICATION –DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE What year did you get your CDL? _____

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck-----				
Tractor and Semi-Trailer-				
Tractor – Two Trailers---				
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.)	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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

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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 49 CFR 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 _____
(day, month, 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 _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

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 _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

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 _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

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 _____

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FOURTH LAST EMPLOYER: Name _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

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 _____

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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's Signature)

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

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EMPLOYMENT RECORD PAGE 2

EMPLOYER: Name _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

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 _____

EMPLOYER: Name _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

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 _____

EMPLOYER: Name _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

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 _____

EMPLOYER: Name _____ Tel (____) _____

ADDRESS _____ Fax (____) _____

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 _____

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 49 CFR 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 written 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 the records.

Received by: _____ Date: _____
(Name) (month, day, year)