

DRIVER APPLICATION FOR EMPLOYMENT

Applicants Name: _____ **Date of Application** _____

Company: Troiano Waste Services, Inc.

Address: PO Box 3541

City: Portland **State:** ME **Zip:** 04104

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, non-job related disability, or any other protected group status

TO BE READ AND SIGNED BY APPLICANT

I authorize the above employer or his agents to make such investigations and inquires of 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 49CFR391.23(d) and (e).

I understand that I have the right to:

- * Review information provided by 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 can not agree on the accuracy of the information.

APPLICANT SIGNATURE: _____ DATE: _____

FOR COMPANY USE

APPLICANT HIRED:	REJECTED:
DATE EMPLOYED:	POINT EMPLOYED:
DEPARTMENT:	CLASSIFICATION:
SIGNATURE OF INTERVIEWING AGENT: _____	

TERMINATION OF EMPLOYMENT

DATE TERMINATED:	DEPARTMENT RELEASED FROM:	
DISMISSED:	VOLUNTARY QUIT:	OTHER:
TERMINATION REPORT PLACED IN FILE:	SUPERVISOR:	

APPLICANT TO COMPLETE

(answer all questions- please print)

Position(s) Applied For: _____

Name: _____ Social Security Number: _____

List your addresses of residency for the past 3 years

Current Address:

street	city
state	zip
phone #	how long there (yr/mo)

Previous Addresses:

street	city	state & zip	how long there (yr/mo)
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Previous Addresses:

street	city	state & zip	how long there (yr/mo)
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Previous Addresses:

street	city	state & zip	how long there (yr/mo)
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Do you have the legal right to work in the United States

Date of Birth _____ Can you provide proof of age? _____

(required of commercial drivers)

Have you worked for the company before?

Where?

Dates: From	To:	Rate of Pay	Position
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Reason for Leaving

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Have you ever been bonded? _____ Name of Bonding Company _____

(answer only if a job requirement)

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(as described in the attached job description)?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List the employers in reverse order starting with the most recent. Add another sheet as necessary)

EMPLOYER		DATE	
Name:		from:	to:
Address:		position held:	
City:	State: Zip:	salary/wage:	
Contact Person:	Phone Number:	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 CFRPART 40? YES NO			

EMPLOYMENT HISTORY CONTINUED

EMPLOYER			DATE	
Name:			from:	to:
Address:			position held:	
City	State	Zip	salary/wage:	
Contact Person	Phone Number		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 CFRPART 40? YES NO				

EMPLOYER			DATE	
Name:			from:	to:
Address:			position held:	
City	State	Zip	salary/wage:	
Contact Person	Phone Number		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 CFRPART 40? YES NO				

EMPLOYER			DATE	
Name:			from:	to:
Address:			position held:	
City	State	Zip	salary/wage:	
Contact Person	Phone Number		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 CFRPART 40? YES NO				

EMPLOYER			DATE	
Name:			from:	to:
Address:			position held:	
City	State	Zip	salary/wage:	
Contact Person	Phone Number		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 CFRPART 40? YES NO				

EMPLOYER			DATE	
Name:			from:	to:
Address:			position held:	
City	State	Zip	salary/wage:	
Contact Person	Phone Number		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 CFRPART 40? YES NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** 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 GVW of 10,001 lbs or more, (2) is designed or used to transport 9 or more passengers or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR THE PAST 3 YEARS (attach sheet if more space is needed) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (head- on, rear-end, upset, etc.)	FATALITIES	INJURIES	HAZARDOUS MAT. SPILL
LAST ACCIDENT:				
NEXT PREVIOUS:				
NEXT PREVIOUS:				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

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

	STATE	LICENSE NO.	TYPE	EXPIRE DATE
DRIVER				
LICENSES				

A) Have you ever been denied a license, permit or privelege to operate a motoer vehicle? Yes No

B) Has a license, permit or privelege ever been suspended or revoked? Yes No

If the answer to either A) of B) above is yes, please give details:

DRIVING EXPERIENCE, CIRCLE YER OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT		DATES FROM TO	APPROX NO. OF MILES
	YES	NO		
STRAIGHT TRUCK			(VAN,TANK,FLAT,DUMP,REFER)	
TRACTOR AND SEMI TRAILER			(VAN,TANK,FLAT,DUMP,REFER)	
TRACTOR TWO TRAILERS			(VAN,TANK,FLAT,DUMP,REFER)	
TRACTOR THREE TRAILERS			(VAN,TANK,FLAT,DUMP,REFER)	
MOTORCOACH SCHOOL BUS			MORE THAN 8 PASSANGERS	
MOTORCOACH SCHOOL BUS			MORE THAN 15 PASSANGERS	
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD NOW AND FROM WHOM?

EXPERIENCE AND OTHER QUALIFICATIONS - OTHER

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED: (name) (city/state)

TO BE READ AND SIGNED BY THE 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

Signature of Applicant:

Date: