
DRIVER'S APPLICATION FOR EMPLOYMENT

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries 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 and FMCSA.

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 49CFR 391.23(d) and (e). I understand 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 employers; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Driver Signature _____ Date _____

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Maines Paper & Food Service, Inc. requires all employees to submit to the following Pre-Employment tests:

- Pre-Employment Examination (All Employees)
- Drug Screening (All Employees)
- Physical Demands Test (Drivers & Helpers)

Physical demands and drug screen tests will be administered after acceptance of a conditional offer of employment. Failure to pass the drug screen or the physical demands test(s) will result in retraction of the employment offer.

We are an Equal Opportunity Employer and will recruit, hire, promote, and train in all jobs without regard to race, color, religion, sex, origin, age, disability, or Veteran status.

Referral source: _____

Date of Application _____

Last Name:	First Name:	Middle Initial:	Social Security#
Do you have a legal right to work in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth:	Can you provide proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever been employed at this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give date and position:	Date Available:	Salary expected:
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list dates, offenses and disposition (convictions are not automatic disqualification from employment):		

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)

List your address of residency for the past 3 years.

Current Address _____
(Street) (City)

Previous Addresses (State) (Zip Code) (Phone) How Long? (Yr/mo)

(Street) (City) (State/Zip Code) How Long? (Yr/mo)

(Street) (City) (State/Zip Code) How Long? (Yr/mo)

(Street) (City) (State/Zip Code) How Long? (Yr/mo)

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No	Has any license, permit, or privilege ever been suspended or revoked? Yes No
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If the answer to either of the above questions is yes, give details.

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

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

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

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO			
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 49CFR PART 40? YES NO			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO			
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 49CFR PART 40? YES NO			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO			
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 49CFR PART 40? YES NO			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO			
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 49CFR PART 40? YES NO			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO			
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 49CFR PART 40? YES NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any sized vehicle used to transport hazardous materials in 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 GVWR of 10,001 pounds 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.

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ACCIDENT RECORD FOR PAST 3 YEARS. IF NONE, WRITE "NONE".
(Attach sheet is more space is needed)

DATES	NATURE OF ACCIDENT (Head on, Rear End, Upset, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS. IF NONE, WRITE "NONE".
(Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

DRIVING EXPERIENCE. IF NONE, WRITE "NONE".

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-two trailers				
Other				

OTHER QUALIFICATIONS AND EXPERIENCE

List States operated in for the last five years:	Special Courses or training related to this job:	Safe driving awards held? From whom?
Trucking, transportation, or other experience that may help in your work with this company:	Special equipment or materials that you can work with that relate to this job:	

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.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize Maines Paper and Food Service, Inc. 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. I hereby release Maines Paper and Food Service, Inc. and all persons and organizations from all claims and liabilities of any nature arising from such investigations or the supplying of information for such investigations.

Driver Signature

Date

DRIVER'S APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT URINALISYS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 382.301-pre employment testing requirements

382.301 Pre-Employment Testing Requirements

- a.) A Motor Carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
 - b.) A driver applicant shall submit to controlled substance testing as a pre-qualification condition.
-

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for the company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for Pre-Employment Urinalysis Notification.

Driver Name (Type or Print)

Driver Signature

Month

Day

Year

Company Representative Signature

Month

Day

Year



101 Broome Corporate Parkway
P.O. Box 450
Conklin, NY 13748
(800) 366-3669

Updated: October 25, 2004

DRIVER'S APPLICATION FOR EMPLOYMENT
REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the information requested below for the purpose of background investigations that is required by the Federal motor Carrier Safety Regulations, Part 382.413 and 391.23.

Driver Signature

Date

To:

From:

Maines Paper and Food Service
101 Broome Corporate Parkway
Conklin, NY 13748

Attention: Personnel Department

In accordance with Section 382.413 and 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) _____.

Best Regards,

Penny Hoover, Maines Paper and Food Service
PH: 607-779-1283

Applicant Name:

SSN:

Position Held:

From:

To:

RELEASE OF ALCOHOL AND CONTROLLED SUBSTANCE TEST INFORMATION (FMCSR 382.413)
FMCSR 382.405 (f) Requires prior employers to supply this information upon written request.

If driver was not involved in a safety-sensitive position subject to drug and alcohol testing under Part40, check here

YES NO

Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?

Has this person had a verified positive drug test?

Has this person refused to be tested (including verified adulterated or substituted drug test results?)

Has this person committed other violations of DOT agency drug and alcohol testing?

If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employees successful completion of DOT return-to-duty requirements, including follow-up test?

If any of the above questions were answered "yes", please attach a separate statement detailing the circumstances and the outcome of the event(s), including the name, address, and phone number of the substance abuse professional.

Type of Equipment Operated: Straight Truck, Tractor and Trailer, Bus, Tractor and Tandem Trailers

Reason for leaving your employment:

Please Rate the Following performance category from 1 to 5, with 5 being the highest - Driving Record and HOS Violations

Please Circle One
1 2 3 4 5

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

CIRCLE ONE
YES or NO

Has this person been involved in any accident(s)?

If this person has had an accident, please give date(s) and explanation of accident(s):

Signature of person Providing Information

Title

Date

DRIVER'S APPLICATION FOR EMPLOYMENT

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL
AND DRUG TEST STATEMENT**

Sec. 40.25 (j) As the employer, you must also ask the employee whether he or she has 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. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: **Maines Paper and Food Service, Inc.**

Street: **101 Broome Corporate Parkway**

City: **Conklin**

State, Zip: **NY, 13748**

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

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

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

Driver Signature: _____ Date: _____

Witnessed by: _____ Date: _____
(Signature)



101 Broome Corporate Parkway
P.O. Box 450
Conklin, NY 13748
(800) 366-3669

Updated: October 25, 2004

DRIVER'S APPLICATION FOR EMPLOYMENT

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to: Maines Paper and Food Service, Inc. (Prospective Employer)

For purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

(Driver Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 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), I hereby certify the following:

- 1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report, the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Signature of Requester

Date

TO:

DEAR SIR/MADAM

The following named person has made application with our company for the position of ... In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of ... In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employees driving record for the past year.

NAME OF APPLICANT/DRIVER:

ADDRESS:

FORMER ADDRESS:

DATE OF BIRTH: SSN: LICENSE NO.

STATE OF ISSUE:

REQUESTED BY:

Maines Paper and Food Service
101 Broome Corporate Parkway, Conklin, NY 13748

(name)
(title)