



Amesbury, MA (978) 388-1509 fax (978) 388-6959
 Wilmington, MA (978) 658-2645 fax (978) 658-0541
 Rochester, MA (508) 291-1314 fax (508) 295-8019
 Nottingham, NH (603) 942-5668

APPLICATION FOR EMPLOYMENT & DRIVERS

PERSONAL INFORMATION				
NAME			DATE	
ADDRESS			REFERRED BY	
TOWN	STATE	ZIP	CITIZEN OF U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL			PHONE NUMBER	

EDUCATION			
	NAME & LOCATION OF SCHOOL	YEARS	YEAR GRADUATED
HIGH SCHOOL			
COLLEGE			
OTHER TRAINING			

EMPLOYMENT DESIRED		
POSITION	SALARY DESIRED	DATE YOU CAN START

LICENSES AND CERTIFICATES (Check all that apply)		
<input type="checkbox"/> CDL CLASS A LICENSE	<input type="checkbox"/> CDL CLASS B LICENSE	<input type="checkbox"/> DOT MEDICAL CERTIFICATE
<input type="checkbox"/> HYDRAULIC LICENSE Grade ____	<input type="checkbox"/> FORK TRUCK CERTIFICATION	<input type="checkbox"/> OTHER _____

THIS SECTION TO BE FILLED OUT BY THOSE APPLYING FOR CDL DRIVER POSITION		
DRIVER APPLICANTS ONLY	*****	DRIVER APPLICANTS ONLY
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU BEEN IN AN ACCIDENT IN THE LAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ANY TRAFFIC CONVICTIONS AND FORFEITURES LAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		

FORMER EMPLOYERS

DATE (MM/YY)		NAME	PHONE	SALARY	POSITION	REASON FOR LEAVING
FROM	TO					
1)						
2)						
3)						
4)						
5)						
6)						

REFERENCES

NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE	BUSINESS	YEARS KNOWN
1)			
2)			
3)			

EMERGENCIES

NOTIFY (NAME)	RELATION	PHONE
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NEITHER THIS APPLICATION NOR ANY OTHER PERSONNEL FORMS CONSTITUTE AN EMPLOYMENT CONTRACT.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

THE SAFETY AND WELL-BEING OF THE PUBLIC AND OUR EMPLOYEES REQUIRES THAT ALL OF OUR EMPLOYEES PERFORM THEIR DUTIES FREE OF THE EFFECTS OF DRUGS AND ALCOHOL. THEREFOR, IN ORDER TO ENSURE A SAFE, EFFICIENT AND SUBSTANCE-FREE WORKPLACE AND TO ABIDE BY THE GUIDELINES SET FORTH BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), WE REQUIRE PRE-EMPLOYMENT AND RANDOM DRUG AND ALCOHOL SCREENING.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY		DATE	
REMARKS			
HIRED	POSITION	WILL REPORT	SALARY WAGES

efshea