



349 Coldbrook Road • P.O. Box 249 • Hampden, Maine 04444  
Tel: (207) 862-4070 1-800-432-1727

## APPLICATION FOR EMPLOYMENT

Applicant Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

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

### TO BE READ AND SIGNED BY APPLICANT PRIOR TO SUBMISSION OF APPLICATION

I hereby authorize H.O. Bouchard Transportation Services 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 which, a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and all other persons from all liability in responding to inquiries and releasing information in connection with this application.

In the event of employment, I understand that false or misleading information given in this application or during my interview (s) may result in discharge of employment. I also understand that I am required to abide by all rules and regulations set forth by H.O. Bouchard Transportation Services.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.21 (d) and (e). I understand that I have the right to:

- Review the 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
- 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## General Information

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Rate of pay expected:      Hourly rate \$ \_\_\_\_\_      Salary per year \$ \_\_\_\_\_

***Please list your current address and any previous addresses for the past 3 years:***

Current Address:	_____	_____
	Street	City
	_____	How long? _____
	State	_____
	Zip	year/months
Previous Address (1)	_____	How long? _____
	_____	year/months
Previous Address (2)	_____	How long? _____
	_____	year/months
Previous Address (3)	_____	How long? _____
	_____	year/months

***Are you currently employed?***     Yes       No

If so, where? \_\_\_\_\_ Position held: \_\_\_\_\_

How long have you been with this company? \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Reason for wanting to seek other employment: \_\_\_\_\_

\_\_\_\_\_

If not currently employed, how long have you been looking for work? \_\_\_\_\_

***Have you ever been terminated by a former employer?***     Yes       No

If so, please state name of employer and reason for termination: \_\_\_\_\_

\_\_\_\_\_

***Have you ever been convicted of a felony?***       Yes       No

If yes, please explain on a separate sheet. Conviction of a crime is not an automatic denial to possible employment. All circumstances will be considered.

## Employment History

All driver applicants applying for interstate commerce must provide the following information regarding past employers for the prior 3 years. Driver applicants applying for **both** intra AND interstate commerce shall provide an ADDITIONAL 7 years (10 years total) employment history for those employers for whom you operated as such. Complete company names and addresses are required before submission of application (FMCSA 391.21- (10)(i).

**Please list employers starting with your most RECENT employer:**

<b>EMPLOYER</b> _____	
Address: _____	City: _____
State: _____ Zip: _____	Phone: (    ) _____ - _____
Supervisor: _____	Title: _____
Position Held: _____	Rate of pay: _____ per _____
Dates of Employment: From _____ to _____	
Reason for leaving: _____	
_____	

<b>EMPLOYER</b> _____	
Address: _____	City: _____
State: _____ Zip: _____	Phone: (    ) _____ - _____
Supervisor: _____	Title: _____
Position Held: _____	Rate of pay: _____ per _____
Dates of Employment: From _____ to _____	
Reason for leaving: _____	
_____	

<b>EMPLOYER</b> _____	
Address: _____	City: _____
State: _____ Zip: _____	Phone: (    ) _____ - _____
Supervisor: _____	Title: _____
Position Held: _____	Rate of pay: _____ per _____
Dates of Employment: From _____ to _____	
Reason for leaving: _____	
_____	

## EDUCATION

*Check highest grade completed*

High School: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	College: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Name of last school attended: _____ City, State _____	

**TO BE READ, SIGNED AND DATED BY 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.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Interview date: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

***Interview notes:***