

H.O. BOUCHARD

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

Applicant Name – printed

Effective August 1, 2001, in compliance with CFR 40.25j, all applicants for safety sensitive (commercial driving) positions must answer the following questions prior to being employed at H.O. Bouchard Inc., or allowed to drive a commercial vehicle:

1. Have you had a **positive breath alcohol test** in the **previous 24 months** on any pre-employment drug or alcohol test administered by a prospective employer to which you applied for, but did not obtain, safety sensitive transportation work covered by a DOT agency drug and alcohol testing rules? **Yes** **No**
2. Have you had a **positive controlled substance test** in the **previous 24 months** on any pre-employment drug or alcohol test administered by a prospective employer to which you applied for, but did not obtain, safety sensitive transportation work covered by a DOT agency drug and alcohol testing rules? **Yes** **No**
3. Have you refused to have a drug or alcohol test administered in the previous 24 months on any pre-employment drug or alcohol test administered by a prospective employer to which you applied for, but did not obtain, safety sensitive transportation work covered by a DOT agency drug and alcohol testing rules? **Yes** **No**

Applicant Signature

Date

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DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name (please print) _____ **Date** _____

In compliance with State and Federal equal employment opportunity laws, qualified applicants area 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 APPLIANT PRIOR TO SUBMISSION OF APPLICATION

I hereby authorize H.O. Bouchard Inc. 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 Inc.

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: _____ - _____ - _____ Date of Birth: _____/_____/_____
(required for commercial drivers)

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.

Do you hold a current/valid Class "A" license? Yes No

Are you Haz-mat qualified? Yes No

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:

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

<i>Were you subject to the FMCSRs while you were employed here?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Was your job at this employer designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

<i>Were you subject to the FMCSRs while you were employed here?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Was your job at this employer designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

<i>Were you subject to the FMCSRs while you were employed here?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Was your job at this employer designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Were you subject to the FMCSRs while you were employed here? Yes No
Was your job at this employer designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

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

Were you subject to the FMCSRs while you were employed here? Yes No
Was your job at this employer designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

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

Were you subject to the FMCSRs while you were employed here? Yes No
Was your job at this employer designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

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

Were you subject to the FMCSRs while you were employed here? Yes No
Was your job at this employer designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

DRIVING EXPERIENCE, EDUCATION AND QUALIFICATIONS

LICENSES

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

Issuing State: _____	License # _____	Expiration Date: _____	Type _____
Issuing State: _____	License # _____	Expiration Date: _____	Type _____
Issuing State: _____	License # _____	Expiration Date: _____	Type _____
Issuing State: _____	License # _____	Expiration Date: _____	Type _____

- a. *Have you ever been denied a license, permit or privilege to operate a motor vehicle?* _____
b. *Has any license, permit or privilege ever been suspended or revoked?* _____

If you answered “yes” to either (a) or (b), please explain in detail: _____

DRIVING EXPERIENCE - *check all that apply*

<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tractor and Semi-Trailer	<input type="checkbox"/> Tractor – 2 Trailers
<input type="checkbox"/> Tractor – 3 Trailers	<input type="checkbox"/> Motorcoach – School Bus more than 8 passengers	<input type="checkbox"/> Motorcoach – School Bus more than 15 passengers
<input type="checkbox"/> Other	<input type="checkbox"/> Tanker	<input type="checkbox"/> Flatbed

List the states that you have operated in over the last (5) years:

List any “Safe Driving Awards” you hold, and from which company:

List additional training or courses in which have attended: _____

List any specialized equipment and/or technical skills you are qualified and capable of using: _____

List any trucking, transportation or other related experience that you feel may help in your work for H.O. Bouchard Inc:

EDUCATION

Check highest grade completed

High School: 1 2 3 4

College: 1 2 3 4

Name of last school attended: _____ City, State _____

MOTOR VEHICLE ACCIDENT INFORMATION

Please list any and/or all motor vehicle accidents within the past 3 years in which you were involved, starting with the most current:

Accident #1

Date of Accident: ____/____/____ Location of accident: _____

Specifics of the accident (head-on, rear-end, upset, etc.) _____

Were there injuries? If so, please describe: _____

Were there any fatalities: Yes No

Was a hazardous material involved? Yes No If "yes", what material? _____

Accident #2

Date of Accident: ____/____/____ Location of accident: _____

Specifics of the accident (head-on, rear-end, upset, etc.) _____

Were there injuries? If so, please describe: _____

Were there any fatalities: Yes No

Was a hazardous material involved? Yes No If "yes", what material? _____

Accident #3

Date of Accident: ____/____/____ Location of accident: _____

Specifics of the accident (head-on, rear-end, upset, etc.) _____

Were there injuries? If so, please describe: _____

Were there any fatalities: Yes No

Was a hazardous material involved? Yes No If "yes", what material? _____

TRAFFIC CONVICTIONS

List any and/or all traffic convictions and forfeitures for the previous 3 years. Do not include parking violations. If none, please specify "NONE".

#1
Location: _____ Date: ___/___/___
Charge: _____ Penalty: _____

#2
Location: _____ Date: ___/___/___
Charge: _____ Penalty: _____

#3
Location: _____ Date: ___/___/___
Charge: _____ Penalty: _____

#4
Location: _____ Date: ___/___/___
Charge: _____ Penalty: _____

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:

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To: Previous Employer

Company: _____

Street: _____

City: _____ State and Zip: _____

In regards to past employment & drug testing, per Federal Carrier Regulations 390 & 391

Name of Applicant: _____

Social Security: _____ - _____ - _____

Position Applied for: _____

This applicant lists dates of employment with your company from: _____ to _____

Is this correct? Yes No

What type(s) of work did he/she perform? _____

If employed as a driver, please indicate what types of equipment driven:

TT Straight Truck Bus Other _____

Was this applicant involved in any accidents in the past (3) years that he/she worked for you?

Yes No If "Yes", please describe: _____

City/Town and State where the accident occurred: _____

Were there any injuries? Yes No If "yes", how many? _____

Were there any fatalities? Yes No If "yes", how many? _____

Were hazardous materials released (other than fuel spilled from the fuel tanks of motor vehicles involved)

in the accident? _____

Would you re-hire this person? Yes No Only upon review

In the past (3) years, has this employee had:

Any alcohol test results with a concentration of 0.04 or greater? Yes No

Any positive controlled substance test results? Yes No

Any refusals to be tested? Yes No

Person Supplying Information:

Printed Name: _____

Signature: _____ Dated: _____

I hereby authorize you to release all the above information concerning my employment and test results. I hereby release you from any and all liability of any type as a result of providing information to the above mentioned company.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

***THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS
FOR MANDATORY USE BY ALL ACCOUNT HOLDERS***

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with H.O. Bouchard, Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize H.O. Bouchard to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015