NORTHEAST TRANSPORT INCORPORATED

3200 Atlantic Highway - Waldoboro, ME 04572 207 832-7300 Fax: 207 832-5834

DRIVER APPLICATION

In compliance with Federal and State 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, gender identify, or any other protected group status.

TO BE READ AND SIGNED BY THE APPLICANT

I authorize Northeast Transport, 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, inquires 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 liability in responding to inquires 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 Northeast Transport, Inc.

I understand that information I provide regarding current and/or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(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 cannot agree on the accuracy of the information.

I additionally acknowledge, and agree to sign, the attached FMCSA Pre-Employment Screening Program (PSP) Disclosure and Authorization form, prior to Northeast Transport's consideration of this application.

_____ _____

Signature of Applicant Date

_____

Applicant's Full Name (PLEASE PRINT!)

PERSONAL INFORMATION

Date:_____

This form is to be completed by the applicant in his or her own handwriting (PLEASE PRINT!). A CURRENT 10-YEAR MOTOR VEHICLE DRIVING RECORD MUST ACCOMPANY APPLICATIONS FOR DRIVING POSITIONS. Incomplete applications will not be accepted.

NAME: _____ SS# _____
First Middle Last

ADDRESS: _____
Street City State/Zip

EMAIL:_____ Date of Birth: _____

CELL PHONE: _____ HOME PHONE: _____

If you have lived at the above address for less than 3 years, you must furnish all addresses at which you have lived for the 3 preceding years. Please list your former addresses on the back of this page, including street, city, state, and Zip codes for each.

DRIVER LICENSE INFORMATION (Please list all held in the past 3 years)

STATE:_____ LICENSE #:_____ EXP. DATE _____

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DRIVING EXPERIENCE (Please indicate the number of months driving each type)

Tractor/Semi-Trailer _____ Straight Truck _____ Doubles/Triples_____
Ocean Containers _____ Refrigerated _____ Dry Van_____
Dump Trailer_____ Flatbed _____ Tanker _____

Other (please list):_____

EDUCATION (High School, Technical School, College, CDL School, etc.)

_____

_____

CERTIFICATES (Endorsements, Passport, FAST Card, TWIC, CDL Training, etc.)

_____

_____

PREVIOUS EXPERIENCE (Please provide a complete work history for the past TEN YEARS, starting with your current or most recent employer first, and accounting for any gaps)

Employer: _____ Dates: _____ To:_____
Address: _____
Supervisor: _____ Phone: _____
Duties: _____
Reason for leaving: _____
Were you subject to the Federal Motor Carrier Safety Reg's while employed? ❑ Yes ❑ No
Was your job designated as a safety–sensitive function in any DOT-regulated mode subject to the controlled substance and alcohol testing requirements of 49 CFR PART 40? ❑ Yes ❑ No

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Employer: _____ Dates: _____ To:_____
Address: _____
Supervisor: _____ Phone: _____
Duties: _____
Reason for leaving: _____
Were you subject to the Federal Motor Carrier Safety Reg's while employed? ❑ Yes ❑ No
Was your job designated as a safety–sensitive function in any DOT-regulated mode subject to the controlled substance and alcohol testing requirements of 49 CFR PART 40? ❑ Yes ❑ No

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Employer: _____ Dates: _____ To:_____
Address: _____
Supervisor: _____ Phone: _____
Duties: _____
Reason for leaving: _____
Were you subject to the Federal Motor Carrier Safety Reg's while employed? ❑ Yes ❑ No
Was your job designated as a safety–sensitive function in any DOT-regulated mode subject to the controlled substance and alcohol testing requirements of 49 CFR PART 40? ❑ Yes ❑ No

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Employer: _____ Dates: _____ To:_____
Address: _____
Supervisor: _____ Phone: _____
Duties: _____
Reason for leaving: _____
Were you subject to the Federal Motor Carrier Safety Reg's while employed? ❑ Yes ❑ No
Was your job designated as a safety–sensitive function in any DOT-regulated mode subject to the controlled substance and alcohol testing requirements of 49 CFR PART 40? ❑ Yes ❑ No

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Employer: _____ Dates: _____ To:_____
Address: _____
Supervisor: _____ Phone: _____
Duties: _____
Reason for leaving: _____
Were you subject to the Federal Motor Carrier Safety Reg's while employed? ❑ Yes ❑ No
Was your job designated as a safety–sensitive function in any DOT-regulated mode subject to the controlled substance and alcohol testing requirements of 49 CFR PART 40? ❑ Yes ❑ No

DRIVING RECORD and PERSONAL HISTORY

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the three years preceding the date of this application. (If you have had no violations, please write NONE.)

Date Charge Location

_____

_____

_____

Please list all accidents in which you were involved during the previous three years, regardless of fault. Give a brief description of each accident, indicating the number of injuries or fatalities for each. (If you have had no accidents in the last three years, please write NONE.)

Date Brief Description Injuries? Fatalities?

_____ ☐ ☐

_____ ☐ ☐

_____ ☐ ☐

Please list in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you. (If you have never had a denial, revocation, or suspension of any license, please write NONE.)

_____

_____

Have you ever been convicted of a felony? ..... ❑ Yes ❑ No

Have you been convicted of any crime involving the use or possession of drugs? ❑ Yes ❑ No

Do you have any mental or physical condition of which we should be aware? .... ❑ Yes ❑ No

If yes, please explain: _____

Have you served in the military? ..... ❑ Yes ❑ No

If yes, were you honorably discharged? ..... ❑ Yes ❑ No

May we contact your current employer prior to an offer of employment? ..... ❑ Yes ❑ No

Are there any previous employers you would prefer we not contact? Why?

_____

_____

What do you consider a fair annual salary in compensation for your employment? _____

When would you be available to start work if offered employment?_____

REFERENCES (Excluding relatives and former employers listed on page 3)

Please include name, address and telephone number.

1. _____

2. _____

3. _____

4. _____

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with **Northeast Transport** ("Prospective Employer"), 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 **Northeast Transport** ("Prospective Employer") 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.