

Application for Employment

R.A. Paradis & Son, Inc.

81 Blaisdell Rd.
Newport, ME 04953
Tel: 368~5432
Fax: 368~2247

Trucking Division:

Personal:

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Drivers License #: _____ State: _____ Expiration Date: _____

Class of License: _____ Do you have a CDL Medical Card: _____

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b)(2) requires that driver applicants state their date of birth and SS # .

Date of Birth: _____ Social Security Number: _____

Alcohol and Controlled Substance Statement

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial drivers license to answer the following questions:

- 1) Within the last two years, have you ever 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:
Yes _____ No _____
- 2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? Yes _____ No _____
- 3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? Yes _____ No _____

Applicants Signature: _____ Date: _____

Witnessed By: _____ Date: _____

DRIVING EXPERIENCE

Check all that You Have Previously Hauled: Logs: _____ Hot Top: _____ Chips: _____ Gravel: _____

Check What Type of Trucks You Have Driven and Give Length of Time Driven:

Dump Truck: _____ Tractor Trailer: _____

Belt Trailer: _____ Dump Trailer: _____

Are you willing to work overtime? Yes _____ No _____

Are you willing to work: Saturdays _____ Sundays _____ Holidays _____

Are you Currently Employed: _____ If yes is it ok to contact your current employer? _____

ACCIDENT HISTORY

Accident Review for the past 3 Years (attach a separate sheet of paper if more space is needed)

Table with 5 columns: Date, Nature of Accident, # Fatalities, #Injuries, # Vehicles Towed, Citation Issued? (Head-On, Rear End, Upset, etc.)

Motor Vehicle Driving Record (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Table with 4 columns: Date, Location, Charge, Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? __Yes __No

If Yes Explain: _____

Has any license, permit or privilege ever been suspended or revoked? ____Yes ____No

If Yes Explain: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____Yes _____No

If Yes Explain: _____

Have you ever been convicted of a felony? _____Yes _____No

If Yes Explain: _____

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr From _____ Mo/Yr To _____ Present or Last Employer Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone _____

Were you subject to the FMCSRs while employed here? _____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 49 CFR Part 40? _____Yes _____No

Mo/Yr From _____ Mo/Yr To _____ Present or Last Employer Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone _____

Were you subject to the FMCSRs while employed here? _____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 49 CFR Part 40? _____Yes _____No

Mo/Yr From _____ Mo/Yr To _____ Present or Last Employer Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone _____

Were you subject to the FMCSRs while employed here? _____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 49 CFR Part 40? _____Yes _____No

(Attach additional sheets for 10-year history, if needed.)

Applicant Must Read and Sign

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all rules and policies of the employer.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____

Date: _____