

# Lynco, Inc/Lynch Logistics

78 Rice Street. Bangor, Maine 04402 · Phone: 207-947-4114  
 An Equal Opportunity Employer

CMT  CW  CMS  RMC  RMDS  
**Employment Application**

General Information		Date:	
Name (Last, First, Middle)		Social Security Number:	
Street Address	Town	State	Zip Code
Mailing Address (if different from above)			
Home Phone Number	Business Telephone Number (May we contact you at work? __Yes __No)		Alternative Telephone Number
Position Desired	Date Available	Desired Rate of Pay	

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Last 5 Years) Street City State

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(Last 5 Years) Street City State

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(Last 5 Years) Street City State

How did you find out about this position?

Newspaper  Job Board  Employee  Career Center  Other - please specify: \_\_\_\_\_

Are you legally eligible for employment in the U.S.?  Yes  No Birthplace: \_\_\_\_\_

Other position(s) for which you feel qualified: \_\_\_\_\_

Available for work:  Full Time  Part Time \_\_\_\_\_ Hours  Seasonal  Any

Shift available:  Days  Evenings  Weekends  Any

Have you previously been employed by Lynco, Inc/Lynch Logistics?  Yes  No

If yes, please indicate date and reason for leaving: \_\_\_\_\_

Will you work overtime if asked?  Yes  No Are you 18 years old or older?  Yes  No

Have you ever been convicted of a crime other than minor traffic violations? (Conviction of a crime does not necessarily disqualify the applicant from consideration of employment.)  Yes  No If yes, explain: \_\_\_\_\_

List all vehicle accidents & violations: \_\_\_\_\_

Do you have any relatives or friends currently employed at Lynco, Inc/Lynch Logistics?  Yes  No

Educational Background				
Name & address of school	Course of Study	Years completed	Did you graduate?	Degree or Diploma earned
High School				
College/Driving School/Trade/Tech				

Have you ever been employed or received a degree, license, or certificate under a different name?  Yes  No

If yes, what name? \_\_\_\_\_

**Drivers License:** Class \_\_\_\_\_ State Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_ Number \_\_\_\_\_

Please list any workshops, courses or training (including Military) which you feel are directly related to the position for which you are to be considered:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate any special skills and/or qualifications that you possess that you feel directly relate to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

Please list any business, warehousing, trucking or moving equipment, which you are skilled at operating.

\_\_\_\_\_  
\_\_\_\_\_

*Employment History*

Please list all of your previous jobs, beginning with your present or most recent positions. Please include military, self-employment, summer and part-time work. If you have a resume, please attach as well as completing the employment section below. This employment application cannot be processed unless completed in full. Must list all information for past 10 years, all time must be accounted for. Use additional paper if necessary.

Name of Employer \_\_\_\_\_ Dates working from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Starting Position \_\_\_\_\_  
Last Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Duties \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Miles Driven \_\_\_\_\_  NA \_\_\_\_\_

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Address \_\_\_\_\_ Starting Position \_\_\_\_\_  
Last Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Duties \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Miles Driven \_\_\_\_\_  NA \_\_\_\_\_

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Address \_\_\_\_\_ Starting Position \_\_\_\_\_  
Last Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Duties \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Miles Driven \_\_\_\_\_  NA \_\_\_\_\_

May we contact all the employers you have listed?  Yes  No If not, which ones should we not contact and why? \_\_\_\_\_

\_\_\_\_\_

If you do not have the names of three employers who can provide references for you, please list below the names of non-relatives who may be contacted for references. To include name, address and phone number.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# Lynco, Inc/Lynch Logistics

Please read the following information carefully.

## **An Equal Opportunity Employer**

In compliance with Federal and State employment opportunity laws, all qualified candidates will be considered for employment without regard to race, creed, color, national origin, ancestry, sex, age, veteran status, or the presence of related medical conditions or disabilities.

## **Applicant's Certifications and Agreements**

The distribution or receiving of this application by Lynco, Inc/Lynch Logistics does not imply or intend to imply an agreement or contract to employ the applicant. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications. This application will be considered valid for no longer than six months. Re-application is necessary after six months.

I authorize all persons, schools, employers, and organizations mentioned in this application to provide Lynco, Inc/Lynch Logistics with any and all information requested. I also understand Lynco, Inc/Lynch Logistics may do a background check and police file review. I agree to release such persons, schools, employers, and organizations from all liability for providing such information.

Lynco, Inc/Lynch Logistics has adopted a policy, which prohibits smoking by employees in any part of the buildings, on the grounds, in trailers and cargo areas of straight vehicles and at customer locations (except for authorized customer locations).

I also understand that if offered employment by Lynco, Inc/Lynch Logistics:

1. I must prove my identity and eligibility to work in the United States.

I certify that all statements made by me on this application and all answers given by me to the foregoing questions are true, complete, and correct, and I authorize investigation of all such statements and answers contained herein. I understand that any misleading or incorrect statements may be cause for denial or termination of my employment and that Lynco, Inc/Lynch Logistics shall not be liable in any respect if my employment is so denied or terminated because of false, misleading, or incorrect statements, answers, or omissions made by me on this application.

I hereby agree and consent to Lynco, Inc/Lynch Logistics contacting each of the references I have listed in my employment application for the purpose of obtaining confirmation of the answers and statements made by me in my employment application and for the purpose of obtaining reference information regarding my work performance and the reasons for my separation from any of my prior employers listed on my application. I also release each of such persons from liability in providing such information to Lynco, Inc/Lynch Logistics. I understand any offer of employment is contingent on the receipt of acceptable recommendations from references.

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

# Previous Employment Verification

By signing here I, \_\_\_\_\_ on \_\_\_\_\_ authorize \_\_\_\_\_  
(Applicant) (Date) (Previous Employer)

to release the following information. I understand I have the right to review any information provided by previous employers. I also have the right to have any errors in the information corrected by the previous employer. (In accordance to 391.23 of FMCSR)

From: **Central Maine Transport, 78 Rice St., Bangor, ME 04401**  
FAX: 207-947-2500 PHONE: 800-639-9704

Prospective Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_

states that you employed him/her as a: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

1. Are employment dates correct? \_\_\_\_\_ If not, they were from \_\_\_\_\_ to \_\_\_\_\_

2. What kind of work did he/she do? Driver \_\_\_\_\_ Other \_\_\_\_\_

If employed as a driver, was it:

Full time \_\_\_\_\_ Over the road \_\_\_\_\_ Solo \_\_\_\_\_ Tractor-semi \_\_\_\_\_ Flatbed \_\_\_\_\_

Part time \_\_\_\_\_ Local \_\_\_\_\_ Team \_\_\_\_\_ Straight truck \_\_\_\_\_ Dry van \_\_\_\_\_ Other \_\_\_\_\_

Type of freight hauled \_\_\_\_\_ Area Operated in \_\_\_\_\_

Drivers License number on record with you: \_\_\_\_\_ State \_\_\_\_\_

3. Was the employees privilege to operate ever revoked while under your employment?  Yes  No

4. Was the employee involved in any accidents while with you?  Yes  No

Date	Nature of Accident	Preventable/Non	Injuries	Cost of Damage

5. Has this person been in an active random testing pool during your employment ?  Yes  No

6. Has this person tested positive for a controlled substance during the last three years?  Yes  No

7. Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater during the last three years?  Yes  No

8. Did this person refuse a required test for drugs or alcohol during the last three years?  Yes  No

9. Did a previous employer report a drug or alcohol rule violation to you?  Yes  No

If yes to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number in the comments section at the bottom of this form.

10. Did he/she have any problems with logs or paperwork?  Yes  No

11. Did he/she have cargo damage/shortage problems?  Yes  No

12. Was he/she considered cooperative and dependable?  Yes  No

13. Were loading & unloading schedules made on time?  Yes  No

14. CAUSE OF SEPARATION WAS:

Lack of work  Discharge  Voluntary Quit Reason: \_\_\_\_\_

15. Is he/she eligible for rehire with your company?  Yes  No Reason: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_