



**DOT # 517326**

**DRIVER APPLICATION PACK**

**Central Maine Transport, 78 Rice Street, Bangor Me 04401**  
FAX: 207-990-3384    PHONE: 207-942-2220 or 1-800-639-9740

# Lynco, Inc/Lynch Logistics

78 Rice Street, Bangor, Maine 04402 · Phone: 207-942-2220

An Equal Opportunity Employer

CMT  CW  CMS  RMC  RMDS

## Employment Application

<i>General Information</i>		<i>Date:</i>	
Name (Last, First, Middle)		Social Security Number:	
Street Address	Town	State	Zip Code
Mailing Address (if different from above)		Date of Birth (for CDL Applicants only)	
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

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

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(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 for the last 3 years: \_\_\_\_\_

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

<i>Educational Background</i>				
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: \_\_\_\_\_ License 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:

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

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

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**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.

**FMCS REGULATION § 391.21 REQUIRES A COMPLETE  
10 YEAR EMPLOYMENT HISTORY.**

(Phone numbers of employers for the last 3 years must be included.)

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NAME OF EMPLOYER: \_\_\_\_\_ DATES WORKED FROM: \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STARTING POSITION: \_\_\_\_\_

\_\_\_\_\_ LAST POSITION: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MILES DRIVEN: \_\_\_\_\_ WERE YOU SUBJECT TO FMCSR'S?  YES  NO

WERE YOU EMPLOYED IN A SAFETY SENSITIVE POSITION THAT REQUIRED DRUG TESTING?  YES  NO

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NAME OF EMPLOYER: \_\_\_\_\_ DATES WORKED FROM: \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STARTING POSITION: \_\_\_\_\_

\_\_\_\_\_ LAST POSITION: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MILES DRIVEN: \_\_\_\_\_ WERE YOU SUBJECT TO FMCSR'S?  YES  NO

WERE YOU EMPLOYED IN A SAFETY SENSITIVE POSITION THAT REQUIRED DRUG TESTING?  YES  NO

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ADDRESS: \_\_\_\_\_ STARTING POSITION: \_\_\_\_\_

\_\_\_\_\_ LAST POSITION: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MILES DRIVEN: \_\_\_\_\_ WERE YOU SUBJECT TO FMCSR'S?  YES  NO

WERE YOU EMPLOYED IN A SAFETY SENSITIVE POSITION THAT REQUIRED DRUG TESTING?  YES  NO

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ADDRESS: \_\_\_\_\_ STARTING POSITION: \_\_\_\_\_

\_\_\_\_\_ LAST POSITION: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MILES DRIVEN: \_\_\_\_\_ WERE YOU SUBJECT TO FMCSR'S?  YES  NO

WERE YOU EMPLOYED IN A SAFETY SENSITIVE POSITION THAT REQUIRED DRUG TESTING?  YES  NO

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ADDRESS: \_\_\_\_\_ STARTING POSITION: \_\_\_\_\_

\_\_\_\_\_  
LAST POSITION: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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WERE YOU EMPLOYED IN A SAFETY SENSITIVE POSITION THAT REQUIRED DRUG TESTING?  YES  NO

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ADDRESS: \_\_\_\_\_ STARTING POSITION: \_\_\_\_\_

\_\_\_\_\_  
LAST POSITION: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MILES DRIVEN: \_\_\_\_\_ WERE YOU SUBJECT TO FMCSR'S?  YES  NO

WERE YOU EMPLOYED IN A SAFETY SENSITIVE POSITION THAT REQUIRED DRUG TESTING?  YES  NO

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ADDRESS: \_\_\_\_\_ STARTING POSITION: \_\_\_\_\_

\_\_\_\_\_  
LAST POSITION: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MILES DRIVEN: \_\_\_\_\_ WERE YOU SUBJECT TO FMCSR'S?  YES  NO

WERE YOU EMPLOYED IN A SAFETY SENSITIVE POSITION THAT REQUIRED DRUG TESTING?  YES  NO

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ADDRESS: \_\_\_\_\_ STARTING POSITION: \_\_\_\_\_

\_\_\_\_\_  
LAST POSITION: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MILES DRIVEN: \_\_\_\_\_ WERE YOU SUBJECT TO FMCSR'S?  YES  NO

WERE YOU EMPLOYED IN A SAFETY SENSITIVE POSITION THAT REQUIRED DRUG TESTING?  YES  NO

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ADDRESS: \_\_\_\_\_ STARTING POSITION: \_\_\_\_\_

\_\_\_\_\_  
LAST POSITION: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MILES DRIVEN: \_\_\_\_\_ WERE YOU SUBJECT TO FMCSR'S?  YES  NO

WERE YOU EMPLOYED IN A SAFETY SENSITIVE POSITION THAT REQUIRED DRUG TESTING?  YES  NO

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ADDRESS: \_\_\_\_\_ STARTING POSITION: \_\_\_\_\_

\_\_\_\_\_  
LAST POSITION: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MILES DRIVEN: \_\_\_\_\_ WERE YOU SUBJECT TO FMCSR'S?  YES  NO

WERE YOU EMPLOYED IN A SAFETY SENSITIVE POSITION THAT REQUIRED DRUG TESTING?  YES  NO

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# **Lynch Logistics, Inc. / Lynco, Inc.**

*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 Lynch Logistics, Inc. / Lynco, Inc. does not imply or intent 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 Lynch Logistics, Inc. / Lynco, Inc. with any and all information requested. I also understand Lynch Logistics, Inc. / Lynco, Inc. may do a background and criminal file review. I agree to release such persons, schools, employers, and organizations from all liability for providing such information.

Lynch Logistics, Inc. / Lynco, Inc. 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 Lynch Logistics, Inc. / Lynco, Inc.:

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 following 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 Lynch Logistics, Inc. / Lynco, Inc. 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 Lynch Logistics, Inc. / Lynco, Inc. 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 Lynch Logistics, Inc. / Lynco, Inc. I understand any offer of employment is contingent on the receipt of acceptable recommendations from references.

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

# DOT PREVIOUS EMPLOYMENT VERIFICATION

By signing here I, \_\_\_\_\_ on \_\_\_\_\_

**(DRIVERS – SIGN AND DATE THIS FORM ONLY)** authorize \_\_\_\_\_

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 with FMCSR §391.23)

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FROM: **CENTRAL MAINE TRANSPORT - 78 RICE STREET - BANGOR, ME 04401**

**CONFIDENTIAL FAX : (207) 990 – 3384**

**PHONE : (207) 942-2220**

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  \_\_\_\_\_

3. If employed as a driver, was it: Full Time  Part Time

Over the road  Local  Regional  Tractor-Semi  Flatbed  Straight Truck

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

5. Was the employee's privilege to operate ever revoked while under your employment:

YES  NO Reason: \_\_\_\_\_

6. Was the employee involved in any accidents while with you?  YES  NO

Date	Nature of Accident	Preventable / Non	Injuries	Cost of Damage
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Has this person been in an active random testing pool during your employment?

YES  NO

8. **HAS THIS PERSON IN THE LAST 3 YEARS:**

- a. Tested positive for a controlled substance?  YES  NO
  - b. Had an alcohol test with a BAC of 0.04 or greater?  YES  NO
  - c. Refused a required test for drugs or alcohol?  YES  NO
  - d. Did a previous employer report a drug of alcohol rule violation to you?  YES  NO
  - e. If yes to any of these questions please give the SAP's (Substance Abuse Professional) Name, Address, and phone number for further reference.
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9. Did he / she have any problems with logs or paperwork?  YES  NO

10. Did he / she have cargo damage or shortage problems?  YES  NO

11. Was he / she considered cooperative and dependable?  YES  NO

12. Were loading and unloading schedules made on time?  YES  NO

13. CAUSE OF SEPARATION WAS:  LACK OF WORK  DISCHARGE  QUIT

REASON \_\_\_\_\_

14. Is he / she eligible for rehire with your company?  YES  NO

REASON \_\_\_\_\_

COMMENTS:

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SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE FAX TO: (207) 990-3384**

**REQUESTED BY: GARRY THERRIEN – SAFETY ADMIN Date: \_\_\_\_\_**

# CENTRAL MAINE TRANSPORT

## Essential Functions for Interstate and Intrastate Class A Drivers

- ❖ Must continuously meet all Federal DOT and State requirements
- ❖ Must have current valid CDL (Class A) or appropriate license.
- ❖ Must be able to communicate clearly in English by telephone and be able to read and use all documents relating to the pick-up and delivery of freight as prescribed by customers.
- ❖ Must be able to conform to the lifestyle of an over-the-road driver including irregular in-service hours, irregular eating schedules, being away from home for extended periods of time and various other irregular functions and changes.
- ❖ Must be able to meet all CMT requirements as stated in driver's manual.
- ❖ Must be able to lift 30 to 60 pounds, repeatedly and for extended periods of time.
- ❖ Must be able to lift 10 to 30 pounds overhead, repeatedly and for extended periods of time.
- ❖ Must be able to operate a commercial vehicle safely at all times and for extended periods of time, in accordance of DOT regulations.
- ❖ Must be able to climb in and out of commercial vehicles and trailers, 4 feet or more above the ground, numerous times a day.
- ❖ Must be able to perform functions that require repeated bending/stooping, pushing/pulling, gripping and operating foot pedals.
- ❖ Must be able to pull horizontally to successfully hook and unhook a trailer and slide trailer wheels.

The above requirements outline the essential functions for an interstate and intrastate truck driver. The individual must be physically able to perform these functions, with or without accommodation, in order to be qualified.

If hired, would you be able to perform all job tasks outlined in the Essential Functions listed above?

Yes\_\_\_\_\_ No\_\_\_\_\_

If **NO**, what accommodations would you need to perform these Essential Functions?

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If you have an original Long-Form D.O.T. physical certificate or certification card please attach a copy.

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date** \_\_\_\_\_

**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**



Send to Fax # (800) 267-4093 (Manual Service)

Send to Fax # (800) 257-8069 (Database Retrieval)

<b>USIS Customer:</b>		
Company Name:	Central Maine Transport	
Company Contact Name:	Garry Therrien	
Fax #:	207	990 - 3384
USIS Customer #:	6759	Sub-account: _____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

# **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a) (2) an investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record Agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's Employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect After October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a Safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

*I acknowledge that I have read and understand the contents of this document,*

Driver's **Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Name **Printed:** \_\_\_\_\_



**MEDICAL RELEASE**

In accordance with FMCSR 391.51 a copy of a driver's medical long form is required in his/her employment folder. By signing this form you are authorizing Central Maine Transport to request a copy of your long form to be sent to them to keep in your confidential driver's file.

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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



**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security #

**DRIVER PRE-EMPLOYMENT VERIFICATION OF TESTING RESULTS**  
**FMCSR 40.25 (j)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST. Zip \_\_\_\_\_  
SS# \_\_\_\_\_

**In the past 3 years have you:**

1. Tested positive for any controlled substances in any pre-employment test for any other company?      Yes       NO
2. Refused any pre-employment Controlled Substance test?      Yes       No

If you answered **yes** to any of the above questions, can you document which Substance Abuse Professional (SAP) you consulted.

Name of SAP: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST. Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

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**PRE-EMPLOYMENT URINALYSIS CONSENT FORM**

I understand that as require for the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver applicants for this company must be tested for controlled substances as a pre-condition for employment. I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me medically unqualified to operate a motor vehicle  
The Medical Review Officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicants Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier shall at least once every 12 months require each driver it employs to prepare and furnish it with a list of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months. (Section 391.27) Drivers who have provided information required by Section 383.31 need not repeat that information here.

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

NAME OF DRIVER: \_\_\_\_\_ SS#: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DRIVER'S LICENSE # \_\_\_\_\_ EXP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ STATE: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF EMPLOYMENT: \_\_\_\_\_  
 HOME TERMINAL CITY: \_\_\_\_\_

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

<u>DATE</u>	<u>OFFENSE</u>	<u>LOCATION</u>	<u>TYPE OF VEHICLE OPERATED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NONE:**

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations (other than those I have provided under part 383) required to be listed during the past 12 months.

DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD**

**MOTOR CARRIER INSTRUCTIONS:** Review the Certification of Violations above and other information described in section 391.25 of the FMCSR and Complete the information requested below:

I have hereby reviewed the driving record of the above named drive in accordance with Section 391.25 and find that he/she (check one box):

Meets minimum requirements:

Does not adequately meet satisfactory safe driving performance:

Is disqualified to drive motor vehicle pursuant to Section 383.51:

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

TITLE: SAFETY ADMINISTRATOR COMPANY: CENTRAL MAINE TRANSPORT

**MOTOR VEHICLE DRIVER'S  
CERTIFICATE OF COMPLIANCE  
WITH DRIVER LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1. POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Prospective Driver Information:** Falsification or intentionally omitting information is justification for disqualification or termination

**Accident/Motor Vehicle Report (If None, Write none)**

List Accidents you were involved in with any type of motor vehicle for the past 5 years (even if not at fault)

	Date of Accident	Type of Vehicle	Nature of accident: Head on, Read End, Upset, etc.	Were you cited?	Number of Injuries	Amount of Property Damage	Were you Discharged Due to Accident
1							
2							
3							
4							

**Attach more sheets if needed**

**Traffic Offenses:** (List traffic tickets you have received in any type of motor vehicle in the past 3 years. If none, write none.)

Date	Type of vehicle	Nature of Traffic Violation	Were you found Guilty Yes or No	License Suspended Yes or No	Major Violations
					*Under influence alcohol or controlled substance
					*Refused to take alcohol test
					*Leaving Scene of accident
					*Using vehicle to commit a felony
					*Committing two or more serious traffic violations (see below)
					*Having alcohol concentration of .04 or more (while driving CMV)
					*Driving CMV when driver's CDL is revoked, suspended, or canceled, or the driver is disqualified from operating a CMV
					*Causing a fatality through negligent operation of CMV.

**Commercial Driving Experience**

Type of vehicle:	Experience:		Winter Driving:		Interstate Driving:		Total Estimated Miles	Serious Violations
	Yes	No	Yes	No	Yes	No		
Pull Flatbed								*Speeding 15 mph over posted speed *Driving recklessly *Making improper or erratic lane changes *Following vehicle ahead too close *Violating State and Local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with a fatal accident *Driving a CMV without obtaining CDL *Driving a CMV without a CDL in the driver's possession and or Driving a CMV without endorsements for the specific vehicle group being operated or for the passengers of type of cargo being transported
Pull Box Trailer								
Pull Tanker								
Straight Truck								
Bus								

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Have you ever had your license suspended? Yes \_\_\_ No \_\_\_

\*If Yes explain: \_\_\_\_\_

This certifies that this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE PSP Online Service**

In connection with your application for employment with CMT (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize CMT (“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 consenting to 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 am challenging 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.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.