



**DRIVER'S APPLICATION FOR EMPLOYMENT**

Applicant Name (Print Name): \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Company: S&J Transportation Services, Inc  
Address: 251 Calef Highway  
City: Lee State: NH Zip: 03861

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, or any other protected group status.

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you 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 a conditional offer of employment has been extended.)  
I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries 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 the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(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.

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

**FOR COMPANY USE**

PROCESS RECORD	
APPLICANT HIRED: _____	REJECTED: _____
DATE EMPLOYED: _____	POINT EMPLOYED: _____
DEPARTMENT: _____	CLASSIFICATION: _____
SIGNATURE OF INTERVIEWING OFFICER: _____	
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)	

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM: \_\_\_\_\_  
DISMISSED: \_\_\_\_\_ VOLUNTARY QUIT: \_\_\_\_\_ OTHER: \_\_\_\_\_  
TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_



### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.  
(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE	
NAME:	From mo:    yr:	To mo:    yr:
ADDRESS:	Position:	
CITY :                                      STATE:                                      ZIP:	Salary/Wage:	
CONTACT PERSON:    PHONE:	REASON FOR LEAVING:	
MAY WE CONTACT THIS REFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO PLEASE STATE REASON:		
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
NAME:	From mo:    yr:	To mo:    yr:
ADDRESS:	Position:	
CITY :                                      STATE:                                      ZIP:	Salary/Wage:	
CONTACT PERSON:    PHONE:	REASON FOR LEAVING:	
MAY WE CONTACT THIS REFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO PLEASE STATE REASON:		
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
NAME:	From mo:    yr:	To mo:    yr:
ADDRESS:	Position:	
CITY :                                      STATE:                                      ZIP:	Salary/Wage:	
CONTACT PERSON:    PHONE:	REASON FOR LEAVING:	
MAY WE CONTACT THIS REFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO PLEASE STATE REASON:		
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
NAME:	From mo:    yr:	To mo:    yr:
ADDRESS:	Position:	
CITY :                                      STATE:                                      ZIP:	Salary/Wage:	
CONTACT PERSON:    PHONE:	REASON FOR LEAVING:	
MAY WE CONTACT THIS REFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO PLEASE STATE REASON:		
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**EMPLOYMENT HISTORY (continued)**

EMPLOYER		DATE	
NAME:		From mo:      yr:	To mo:      yr:
ADDRESS:		Position:	
CITY :	STATE:                  ZIP:	Salary/Wage:	
CONTACT PERSON:		PHONE:	
MAY WE CONTACT THIS REFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO PLEASE STATE REASON:			
WERE YOU SUBJECT TO THE FMCSRS** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		From mo:      yr:	To mo:      yr:
ADDRESS:		Position:	
CITY :	STATE:                  ZIP:	Salary/Wage:	
CONTACT PERSON:		PHONE:	
MAY WE CONTACT THIS REFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO PLEASE STATE REASON:			
WERE YOU SUBJECT TO THE FMCSRS** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		From mo:      yr:	To mo:      yr:
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CONTACT PERSON:		PHONE:	
MAY WE CONTACT THIS REFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO PLEASE STATE REASON:			
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EMPLOYER		DATE	
NAME:		From mo:      yr:	To mo:      yr:
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WERE YOU SUBJECT TO THE FMCSRS** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

\*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD** for the past 5 years or more (attached sheet if more space is needed) If NONE, write NONE

Dates:	Nature of Accident (Head-On, Rear-End, Upset, Ect.)	Fatalities	Injuries	Hazardous Materials Spill
Last Accident				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS AND FORFEITURES** for the past 5 years (other than parking violations) If NONE, write NONE

Location	Date	Charge	Penalty

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past 5 years (Attach another sheet if more space is required)

Driver Licenses	State	License No.	Type	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_  
B. Has any license, permit, or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVER EXPERIENCE** Check Yes or No

CLASS OF EQUIPMENT	Circle Type of Equipment	Dates		Approx. No. of Miles (Total)
		From (M/Y)	To (M/Y)	
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump,Refer)			
Tractor and Semi –Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump,Refer)			
Tractor – Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump,Refer)			
Tractor – Three Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump,Refer)			
Motorcoach – School Bus >8 pass <input type="checkbox"/> YES <input type="checkbox"/> NO	-			
Motorcoach – School Bus >15pass <input type="checkbox"/> YES <input type="checkbox"/> NO	-			
Other				

List states operated in for the last five years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

Showing any trucking, transportation or other experience that may help in your work for this company: \_\_\_\_\_

List courses and training other than shown elsewhere in this application: \_\_\_\_\_

List special equipment or technical materials you can work with: (other than those already shown) \_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4  
Name of last school attended: \_\_\_\_\_ City & State: \_\_\_\_\_

**TO BE READ AND SIGNED 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**EMPLOYMENT VERIFICATION**

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

You are hereby authorized to give S&J Transportation Services, Inc. all information regarding my services, character, and conduct while in your employ, and you are released from any liability which might result from giving such information. In order to enable S&J Transportation Services, Inc. to comply with the requirements of 49CFR 382.413, I hereby consent S&J Transportation Services, Inc. to obtain from my prior employers the information pertaining to me which they are required to maintain by 49CFR 382.401 (B)(1)(i) through (iii) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the three (3) years preceding the date of this application. I hereby authorize and direct my prior employers to release such information to S&J Transportation Services, Inc. in personal interviews, telephone interviews, letters, or any other means that insure confidentiality. I hereby authorize S&J Transportation Services, Inc. to release such information to any of its personnel whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

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

**SECTION 1 – FOR OFFICE USE ONLY**

Name of Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Dates of Employment \_\_\_\_\_ Position Held \_\_\_\_\_

Driver Info: Part Time:  Full Time:  Co. Driver:  Owner Oper.:  Other:   
Equipment: Tractor Trailer:  Straight Truck:  Van:  Reefer:  Flat:  Other:  \_\_\_\_\_

List states in which applicant drove regularly: \_\_\_\_\_

List types of commodities applicant hauled: \_\_\_\_\_

LOGS: Did applicant have ANY log problems: Y/N \_\_\_\_\_ If Yes, Describe \_\_\_\_\_  
**ACCIDENTS:** Total Number: \_\_\_\_\_ Preventable: \_\_\_\_\_ Non-Preventable: \_\_\_\_\_ No. of Citations Issued \_\_\_\_\_  
Dates, Description, Damage Estimates: \_\_\_\_\_

**WHY DID APPLICANT LEAVE YOUR EMPLOYMENT?** Quit:  Discharged:  Laid Off:  Other:  \_\_\_\_\_

If discharged or other please explain \_\_\_\_\_

Is applicant eligible for rehire? Y/N \_\_\_\_\_ If NO please explain: \_\_\_\_\_

**SECTION 1 COMPLETED BY:**

Signature Title Date

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here  sign below, and return.

Under Department of Transportation testing requirements:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a results of 0.04 or higher alcohol concentration?  | <b>YES</b>               | <b>NO</b>                |
| 2. Has this person had a verified positive drug test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests?<br>(Please send documentation back with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, including any drug or alcohol testing information obtained from previous employers under DOT 40.25 or other applicable DOT agency regulations.

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

## PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past ten years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: S&J Transportation Services, INC  
Street: 251 Calef Highway  
City: Lee  
State, Zip: NH. 03861

Prospective Employee Name (print): \_\_\_\_\_ ID Number: \_\_\_\_\_

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you 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, in any safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules, or refused a post accident drug and alcohol test at any time when instructed to do so by employer?

Check One: Yes:  No:

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check One: Yes:  No:

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)