

APPLICATION FOR EMPLOYMENT

McLaughlin Transportation Systems, Inc.
20 Progress Avenue, Nashua, New Hampshire 03062

(All questions must be completed – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, veteran status, non-job related disabilities or any other protected group status.

Date of Application: _____ Position(s) applied for: _____

Name: _____ Social Security #: _____

Last First MI

Current Phone: _____
Home Other

List your addresses of residency for the past 3 years:

Current Address: _____

Street City State Zip Years

Previous Address: _____

Street City State Zip Years

Street City State Zip Years

Street City State Zip Years

Are you a United States Citizen? Yes _____ No _____ If no, give permanent Visa number: _____

Date of Birth: _____/_____/_____ Can you provide proof of age? _____

(Required for commercial drivers ONLY – ALL OTHERS LEAVE BLANK)

Driver's license number, if driving is an essential job function _____ State issued _____

Have you previously worked for this company? _____ Where? _____

Dates: From: _____ To: _____ Pay Rate: _____ Position: _____

Reason for leaving: _____

Are you currently employed? _____ If not, how long since leaving your last employment? _____

Who referred you? _____ Rate of pay expected: _____

Date available for work: _____ Type of employment desired: Full Time Part Time Seasonal Temporary

Will you relocate, if job requires it _____ Will you travel, if job requires it _____

Are you able to meet the attendance requirement of this position? _____

Have you ever been bonded? _____ Name of bonding company: _____

Has your application for bond ever been denied? Yes _____ No _____

(Answer only if a job requirement)

Have you ever been known by any name other than the one shown on this application? Yes _____ No _____

If yes, what name or names? _____

Have you ever tested positive on a US DOT required drug or alcohol test? Yes _____ No _____

If yes, please explain (including date(s)) _____

Have you ever been convicted of a felony or misdemeanor criminal offense? _____

Have you been incarcerated for a criminal offense within the previous three years? _____

Are you currently on parole, or reporting probation due to a criminal offense conviction? Yes _____ No _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Are there any reasons you may be unable to perform the functions of the job for which you have applied?

If yes, explain if you wish:

Have you ever been treated by a doctor or hospitalized for a mental disorder, nervous condition, alcoholism or substance abuse? Yes _____ No _____

If yes, please explain: _____

Are you currently taking any medication likely to interfere with your ability to operate a motor vehicle safely? Yes ___ No ___

If yes, please explain: _____

Are you currently receiving treatment for high blood pressure, epileptic seizures or diabetes mellitus? Yes _____ No _____

Have you received Work Compensation or disability payments? Yes _____ No _____

Is your travel throughout the United States or Canada restricted in any way? Yes _____ No _____

If yes, please explain: _____

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 addresses.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years of prior employment information for those employers with whom the applicant operated such vehicle. Note: List employers in reverse order starting with the most recent. Add additional pages as necessary.

EMPLOYER		DATE	
Name:		From:	To:
Address:		Position Held:	
City	State	Zip	Wage:
Contact Person:	Phone:	Reason for leaving:	
Did you drive a vehicle requiring a CDL? • Yes • No *Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.			
Were you subject to the Federal Motor Carrier Safety Regulations while employed? • Yes • No			
Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? • Yes • No			
May we contact this employer for a reference? • Yes • No			
EMPLOYER		DATE	

Name:	From:	To:
Address:	Position Held:	
City	State	Zip
Wage:	Reason for leaving:	
Contact Person:	Phone:	
Did you drive a vehicle requiring a CDL? • Yes • No *Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.		
Were you subject to the Federal Motor Carrier Safety Regulations while employed? • Yes • No		
Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? • Yes • No		
May we contact this employer for a reference? • Yes • No		
EMPLOYER		
DATE		
Name:	From:	To:
Address:	Position Held:	
City	State	Zip
Wage:	Reason for leaving:	
Contact Person:	Phone:	
Did you drive a vehicle requiring a CDL? • Yes • No *Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.		
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May we contact this employer for a reference? • Yes • No		

ACCIDENT RECORD for past 3 years or more (attach sheet if more space is needed). If none – Write “None”.

Dates	Nature of Accident (Head-on, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations). If none – Write “None”.

Location	Date	Charge	Penalty

(Attach sheet, if more space is needed)

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: _____
Name City

EXPERIENCE AND QUALIFICATIONS – DRIVER

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: _____

DRIVING EXPERIENCE if none – Write “None”.

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. # of Miles (Total)
		From	To	
Straight Truck				
Tractor or Semi-Trailer				
Tractor – Two Trailers				
Motor Coach – School Bus				
Other:				

List states operated in for last 5 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

Show 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 already shown):

APPLICANT STATEMENT

I certify that all information I have provide in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application or (ii) immediately discharge me from the employer’s service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I further agree to submit to a pre-employment security interview and criminal background check and to take a physical examination along with a substance abuse test as part of my application process. I understand that the information provided by such former employers or sources or information may result in a decision by the Company not to hire me or to terminate my employment. I hereby release the Company, each of the persons listed on this application as references and each of the other sources of information contacted and agree to hold them harmless from any claims or damages arising from this authorization and instruction.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause and with or without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____