

APPLICATION FOR EMPLOYMENT

McLaughlin Transportation Systems, Inc.
20 Progress Avenue, Nashua, NH 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 #: _____

Current Phone: _____
Last First MI 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)

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: _____

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	

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	

EMPLOYER		DATE	
Name:		From:	To:
Address:		Position Held:	
City	State	Zip	
Contact Person:		Phone:	
Did you drive a vehicle requiring a CDL? • Yes • No		Reason for leaving:	

EMPLOYER		DATE	
Name:		From:	To:
Address:		Position Held:	
City	State	Zip	
Contact Person:		Phone:	
Did you drive a vehicle requiring a CDL? • Yes • No		Reason for leaving:	

*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.

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):

TO BE READ AND SIGNED BY APPLICANT

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

I authorize the company to make such investigations and inquiries of my persona, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I understand that generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I further agree to submit to a pre-employment security interview and to take a physical examination along with a substance abuse test as part of my application process.

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 regulation of the Company.

Date

Applicant's Signature