



**WESTERN MAINE SUPPLY CO., INC.**

P.O. BOX 69 \* 33 CROSS ST. \* BETHEL, ME 04217

PHONE: 207-824-2139 \* FAX: 207-824-3554

www.westernmainesupply.com

**DRIVER EMPLOYMENT APPLICATION**

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

Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Can you provide proof of age? .....  Yes  No  
*(Required for Commercial Drivers)*

Best time to contact you at home is ..... :\_\_\_\_\_ am / pm

Have you ever filed an application with us before? .....  Yes  No

If yes, give date: \_\_\_\_\_

Have you ever been employed with us before? .....  Yes  No

If yes, give date: \_\_\_\_\_

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment* .....  Yes  No

Date available to work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work  Full-time  
 Part time (please indicate)  Morning  Afternoon  Evening  
 Temporary (please in dicate dates available) \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No

## EMPLOYMENT EXPERIENCE

All driver applications 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 driver commercial motor vehicles \* in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle.

<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Explain any gaps in employment.</b>		

\*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 hazard materials in a quantity requiring placarding.

**EDUCATION**

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

**Experiences and Qualifications – Other**

Show any Trucking, Transportation or other experience that may help you in your work for this company.

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

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- 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, attach statement giving details**

List states in which you have operated a commercial vehicle over 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? \_\_\_\_\_

**Driving Experience, If none, write none.**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Motorcoach - School Bus				
Other				

**ADDITIONAL INFORMATION**

**Accident Record for the 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, Ect.)	Fatalities	Injuries
Last Accident			
Next Accident			
Next Previous			

**Traffic Convictions and Forfeitures for the past year (Other than parking violations). If none write none.**

Location	Date	Charge	Penalty

**List all valid Driver's Licenses held for the past 7 years.**

	State	License No.	Type	Expiration Date
Drivers Licenses				

**PERSONAL REFERENCES: List at least 3 personal references.**

Name: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address: \_\_\_\_\_

**The applicant is required by sec. 40.25 to respond to the following questions:**

Have you tested positive, or refused to test on any pre-employment drug or alcohol test administered by a prospective employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Check one  Yes  No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Investigation and Release of Information, and Release of Claims  
to be read and signed by applicant.**

I hereby certify that the facts set forth above in my employment application are true and complete to the best of my knowledge. I authorize Western Maine Supply Company to investigate all information set forth in my application, by contacting all my prior employers and other references set forth above, and by any and all other means authorized or permitted by law. I understand that if I am hired, omissions or false or misleading statements in this application or in interviews will be grounds for immediate termination of my employment.

I hereby release Western Maine Supply Company and any and all persons and organizations providing any information to Western Maine Supply Company for any and all claims and liabilities or any kind resulting from any such investigation or from the furnishing of any information and response to such an investigation.

I hereby understand and acknowledge that any employment relationship with Western Maine Supply company is of an "at will" nature. This means that all employment with the Company is of an indefinite duration, and terminable at any time for any reason, with or without notice, either by the employee or by the Company. The only persons who have the authority to bind the Company to employment on any other basis are the Company President and the Vice President, and any such agreement must be in writing and signed by one of them.

Signature \_\_\_\_\_

Dated \_\_\_\_\_

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