

MAINE TEST BORINGS
APPLICATION FOR EMPLOYMENT AND PERSONNEL RECORD FOLDER

=====
Address: 18 Mack Lane Hermon, ME 04401
Ph: (207) 848-7041 Fax: (207) 848-7042 E-mail: info@mainetest.com www.mainetest.com

Name: _____ Social Security No.: _____
Please Print

Ever been known by a different name? Yes No If yes, please state name(s) : _____

Telephone: _____ Bus., Cell or Message Phone number: _____

Date of Birth: _____ Are you at least 18 years of age? _____ Can you provide proof of age? Yes No
(Required for driving position, which includes drillers & drillers' helpers).

In Case of Emergency, Please notify: _____

Name Address Phone

Present Address: _____
(Street) (City) (State) (Zip) (How long?)

List addresses for past 3 years: (attach sheet if more space is needed).

Previous Address: _____
(Street) (City) (State) (Zip) (How long?)

Previous Address: _____
(Street) (City) (State) (Zip) (How long?)

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College or Trade School: 1 2 3 4

Last School Attended: _____
Name Address

List any Mechanical Skills: _____

Other special skills or knowledge: _____

=====
Position applied for _____

Have you interviewed or worked for this company before? _____ Where? _____

Dates: from: _____ to _____ Rate of pay _____ Position _____

Reason for leaving _____

Names of relatives in our employ _____ How did you hear of us? _____

Are you now employed? _____ If not, how long since last employment? _____

Do you have the legal right to work in the United States? _____

General

Have you ever been convicted of a crime? _____ a felony? _____

Please explain: _____

Have you ever been in the Armed Forces? Yes No If hired, will you be able to work overtime? Yes No

Employment Records

(Note that DOT requires employment records for at least 10 years be shown. Attach additional sheet, if necessary)

Last Employer Name _____ Supervisor's Name _____
 Address: _____ Ph: _____
 Position held: _____ From _____ to _____ Salary _____
 List jobs held, duties performed, skills used or learned and advances or promotions while you worked for this company: _____

2ND Last Employer Name _____ Supervisor's Name _____
 Address: _____ Ph: _____
 Position held: _____ From _____ to _____ Salary _____
 List jobs held, duties performed, skills used or learned and advances or promotions while you worked for this company: _____

3RD Last Employer Name _____ Supervisor's Name _____
 Address: _____ Ph: _____
 Position held: _____ From _____ to _____ Salary _____
 List jobs held, duties performed, skills used or learned and advances or promotions while you worked for this company: _____

4TH Last Employer Name _____ Supervisor's Name _____
 Address: _____ Ph: _____
 Position held: _____ From _____ to _____ Salary _____
 List jobs held, duties performed, skills used or learned and advances or promotions while you worked for this company: _____

5TH Last Employer Name _____ Supervisor's Name _____
 Address: _____ Ph: _____
 Position held: _____ From _____ to _____ Salary _____
 List jobs held, duties performed, skills used or learned and advances or promotions while you worked for this company: _____

6TH Last Employer Name _____ Supervisor's Name _____
 Address: _____ Ph: _____
 Position held: _____ From _____ to _____ Salary _____
 List jobs held, duties performed, skills used or learned and advances or promotions while you worked for this company: _____

Were you subject to Federal Motor Carrier Safety Regulations while employed with a former employer? ____
 Was your position designated as a "safety sensitive function" in any DOT regulated mode, subject to alcohol & controlled substance testing? _____

May we contact your current employer for references? Yes No Past Employers too? Yes No

Driver-Experience & Qualifications

Driver Licenses (Any held in past three years must be shown)

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 ___
 C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Regulations? Yes ___ No ___
 (If the answer to A, B or C is yes, please attach statement giving details)

Driving Experience

Class of Equipment	Type of Equipment (Van, tank, flat, etc)	Dates:		Approx.#of miles (Total)
		from	to	
Straight Truck				
Tractor/Semi-Trailer				
Tractor-Two Trailers				
Motorcoaches or Schoolbuses				
Other _____				

List states Operated in for Last Five Years _____

Show special course or training that will help you as a Driver _____

Which Safety Driving Awards do you hold and from whom? _____

Accident Review for Past 3 Years (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions & forfeitures for the Past 3 Years (Other than Parking Violations)

Location	Date	Charge	Penalty

Physical History

Is there any reason you might be unable to perform the functions of the job for which you applied? _____

Date of last DOT physical examination _____

Have you been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? **(For Drivers Only)** _____

Indicate training & experience in the following:	Training √	Years of Experience	Area	Training √	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up & Rebuild			Electrical Repair		
Gas Engine Tune-up & Rebuild			Frame & Wheel Alignment		
Tire Service			Brakes		
Truck Maintenance			Hydraulics		
Trailer Repair			Cooling System		
Preventative Maintenance			Safety Line Checking		
Show equipment you can operate	Training √	Years of Experience	Area	Training √	Years of Experience
Woodworking Equipment			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Capping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxy-acetylene welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		

Applicant: Read and sign before submitting this application.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. I understand that the information in this application will be used and that prior employers will be contacted for purposed of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

I understand that an offer of employment is conditional upon results of the post-offer/pre-employment physical

I authorize MAINE TEST BORINGS to make such investigations and inquiries into my personal, employment, financial history, medical history, driving record 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. I understand that in the event of my employment by MAINE TEST BORINGS, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with MAINE TEST BORINGS is intended to create an employment contract between myself and MAINE TEST BORINGS under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by MAINE TEST BORINGS or me at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing. I understand, also, that I am required to abide by all rules and regulations of MAINE TEST BORINGS

MAINE TEST BORINGS is an equal opportunity/affirmative action employer in compliance with Federal and State equal employment opportunity laws. All qualified applicants will be considered without regard to age, race, color, sex, ancestry, religion, national origin, marital status, military status, veteran status, tobacco usage outside the workplace, moral beliefs concerning abortion, non-job related disability physical or mental disability or any other protected group status.

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. I understand that this application is valid only for the present job opening for which I am applying.

Signature of Applicant

Date