

APPLICATION ADDENDUM FOR EMPLOYMENT REQUIRING DRIVING

COMPANY: Downeast Transportation Inc.

ADDRESS: PO Box 914, Ellsworth, Maine 04605

NAME _____ Phone: (____) _____

DRIVER LICENSES: (list all licenses held in the past 3 years & indicate those that are current)

<u>STATE</u>	<u>LICENSE NUMBER</u>	<u>CLASS</u>	<u>ENDORSEMENT(S)</u>	<u>EXPIRATION</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been denied, or had revoked or suspended any license, permit, or privilege to operate a motor vehicle? Yes ____ No ____

If you answered YES to the above questions, give details: (if additional space is needed, attach sheet)

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS: (other than parking)

<u>CITY & STATE:</u>	<u>DATE:</u>	<u>CHARGE:</u>	<u>PENALTY:</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING EXPERIENCE:

<u>CLASS OF EQUIPMENT</u>	<u>DATES:</u>	<u>FROM</u>	<u>TO</u>	<u>APPROXIMATE # OF MILES</u>
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Automobile _____

Van/Pickup _____

Truck/Tractor _____

Bus _____

Other(specify): _____

Over 

ACCIDENT RECORD FOR THE PAST 3 YEARS: (if additional space is needed, attach sheet)

DATE: **LOCATION:** **NATURE OF ACCIDENT:** **FATALITIES (Y/N)** **INJURIES (Y/N)**

GENERAL:

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been refused bond? Yes _____ No _____

If you answered YES to either question, give details: (if additional space is needed, attach sheet)

LIST ANY TRAINING RELATED TO TRANSPORTATION: (if additional space is needed, attach sheet)

TO BE READ 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. I understand that, if hired, any misrepresentation of the information in this application is cause for immediate dismissal. I authorize Downeast Transportation Inc. to investigate my background to ascertain all information of concern to my employment history, whether same is of record or not, and release those providing such information from all liability for any damages resulting from furnishing this information. Further, I understand that I may be asked to demonstrate my ability to perform the essential functions necessary to complete the job and, if offered the job, that it may be conditioned on results of a physical examination, and controlled substances and alcohol misuse test.

APPLICANT'S SIGNATURE: _____ **DATE:** _____