

Application for Employment

Boyle Transportation
15 Riverhurst Rd.
Billerica, MA 01821
800/442-4004



Signature of Applicant _____ Date _____

Name: _____ Phone: (____) _____

First Middle Last

*Current Address: _____
Street City State Zip Code

If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position applying for _____ Temporary _____ Part-Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ to _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

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

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

GENERAL

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

Have you ever been convicted of a felony? _____

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

Have you ever worked for this company under another name? _____ If so, what name?

DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section only if applying for a driver position

Date of birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2))
Month/day/year

Social Security Number: _____ - _____ - _____

DRIVER EXPERIENCE & QUALIFICATION LICENSES

All Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsements(s)	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 for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered ‘yes’ to A, B, or C attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers – LCV’s				
Other				

List states operated in during the last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

ACCIDENT REVIEW FOR THE PAST 3 YEARS (ATTACH A SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED)

Dates	Nature of Accident (Head-On, Rear-End, Overtake, etc.)	Fatalities	Injuries
Last Accident			
Next previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS, OTHER THAN PARKING VIOLATIONS

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period 391.21(b)(10),(11).

Start with the **last or current** position, including military experience, and work back. (Attach a separate sheet of paper, if necessary)

Current Employer: _____ Supervisor’s Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/ Year

Reason for Leaving: _____

Were you subject to the FMCSRs* while employed? Yes No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Prior Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for Leaving: _____

Were you subject to the FMCSRs* while employed? Yes No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Prior Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for Leaving: _____

Were you subject to the FMCSRs* while employed? Yes No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Prior Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for Leaving: _____

Were you subject to the FMCSRs* while employed? Yes No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a CVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous material in quantity requiring placarding.

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and Experience in the following	Formal Training (check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up And Rebuild			Electrical Repair		
Gas Engine Tune-up And Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		

PLATFORM EXPERIENCE & QUALIFICATIONS

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

(Applicant's signature required on next page)

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all rules and policies of the employer.

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.

Date

Signature