

Coastal Road Repair
 590 Bridgton Road
 Westbrook, ME 04092
 207-893-8923

CDL JOB APPLICATION



---COASTAL ROAD REPAIR---

APPLICANT INFORMATION (List your addresses of residency for the past 3 years)

FIRST NAME & MIDDLE INITIAL		LAST NAME	
SSN		DATE OF BIRTH	
PHONE NUMBER		EMAIL ADDRESS	

Current Address		CITY/STATE/ ZIP CODE		How long? (Yrs/Mo.)	
Previous Address		CITY/STATE/ ZIP CODE		How long? (Yrs/Mo.)	
Previous Address		CITY/STATE/ ZIP CODE		How long? (Yrs/Mo.)	
Previous Address		CITY/STATE/ ZIP CODE		How long? (Yrs/Mo.)	

Do you have the legal authority to work in the United States? Yes or No	
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Have you worked for this company before? Yes or No		Start Date		End Date	
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Reason for leaving?		Referred by?	
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Have you ever been bonded?		Name of bonding company	
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Position you are applying for?		Desired hourly rate	
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Can you perform, with or without reasonable accommodations, the essential functions of the job (as described in the job description)? Yes or No	
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In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

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 address, street number, city, state, and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional years of information on those employers for whom the applicant operated such a vehicle. (NOTE: List employers in reverse order starting with the most recent or current. Add another sheet as necessary.)

CURRENT (OR MOST RECENT) EMPLOYER			
EMPLOYER NAME 1		START DATE	
STREET ADDRESS		END DATE	
CITY/STATE/ZIP CODE		CITY/STATE/ZIP CODE	
REASON FOR LEAVING?		POSITION HELD	
CONTACT PERSON		PHONE NUMBER	
STARTING PAY		ENDING PAY	
Were you subject to the FMCSRs† while employed? Yes or 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 or No			

SECOND (MOST RECENT) EMPLOYER			
EMPLOYER NAME 2		START DATE	
STREET ADDRESS		END DATE	
CITY/STATE/ZIP CODE		CITY/STATE/ZIP CODE	
REASON FOR LEAVING?		POSITION HELD	
CONTACT PERSON		PHONE NUMBER	
STARTING PAY		ENDING PAY	
Were you subject to the FMCSRs† while employed? Yes or 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 or No			

THIRD (MOST RECENT) EMPLOYER			
EMPLOYER NAME 3		START DATE	
STREET ADDRESS		END DATE	
CITY/STATE/ZIP CODE		CITY/STATE/ZIP CODE	
REASON FOR LEAVING?		POSITION HELD	
CONTACT PERSON		PHONE NUMBER	
STARTING PAY		ENDING PAY	
Were you subject to the FMCSRs† while employed? Yes or 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 or No			

FOURTH (MOST RECENT) EMPLOYER

EMPLOYER NAME 4		START DATE	
STREET ADDRESS		END DATE	
CITY/STATE/ZIP CODE		CITY/STATE/ZIP CODE	
REASON FOR LEAVING?		POSITION HELD	
CONTACT PERSON		PHONE NUMBER	
STARTING PAY		ENDING PAY	
Were you subject to the FMCSRs† while employed? Yes or 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 or No			

FIFTH (MOST RECENT) EMPLOYER

EMPLOYER NAME 5		START DATE	
STREET ADDRESS		END DATE	
CITY/STATE/ZIP CODE		CITY/STATE/ZIP CODE	
REASON FOR LEAVING?		POSITION HELD	
CONTACT PERSON		PHONE NUMBER	
STARTING PAY		ENDING PAY	
Were you subject to the FMCSRs† while employed? Yes or 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 or No			

SIXTH (MOST RECENT) EMPLOYER

EMPLOYER NAME 6		START DATE	
STREET ADDRESS		END DATE	
CITY/STATE/ZIP CODE		CITY/STATE/ZIP CODE	
REASON FOR LEAVING?		POSITION HELD	
CONTACT PERSON		PHONE NUMBER	
STARTING PAY		ENDING PAY	
Were you subject to the FMCSRs† while employed? Yes or 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 or No			

* Includes vehicles having a Gross Vehicle Weight Rating (GVWR) of 26,001 LBS. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†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 GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT HISTORY - PAST 3 YEARS OR MORE (If none, write NONE)

Dates (Month/Year)	Nature Of Accident (head-on, rear-end, upset, etc.)	Number Of Fatalities	Number Of Injuries	Hazardous Materials Spill?

TRAFFIC CONVICTIONS & FORFEITURES - PAST 3 YRS. (other than parking violations. If none, write NONE)

Date	Location	Charge	Penalty

EXPERIENCE & QUALIFICATIONS - DRIVER (driver licenses or permits held in the past 3 years)

State	License Number	Class	Endorsement(s)	Exp. Date
A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes or No				
B. Has any license, permit, or privilege ever been suspended or revoked? Yes or No				
If you answered "Yes" to either A or B, please provide details				

DRIVER EXPERIENCE

CLASS OF EQUIPMENT	YES / NO	CIRCLE TYPE OF EQUIPMENT	START DATE	END DATE	APPROX. NO. OF MILES
Straight Truck (Yes or No)		VAN, TANK, FLAT, DUMP, REEFER			
Tractor & Semi-Trailer (Yes or No)		VAN, TANK, FLAT, DUMP, REEFER			
Tractor - Two Trailers (Yes or No)		VAN, TANK, FLAT, DUMP, REEFER			
Tractor - Three Trailers (Yes or No)		VAN, TANK, FLAT, DUMP, REEFER			
Motorcoach - School Bus - more than 8 passengers (Yes or No)					
Motorcoach - School Bus - more than 15 passengers (Yes or No)					
Other					
List states operated in for 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?					

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any other trucking, transportation or other experience that may help in your work for Coastal Road Repair, LLC.

List courses and training other than shown elsewhere on this application.

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

EDUCATION

Circle the highest grade completed	1 2 3 4 5 6 7 8	High School	1 2 3 4	College	1 2 3 4
Name of last school attended			City, State		

I certify that the information contained in this application is true and complete to the best of my knowledge.

PRINTED NAME			
SIGNATURE		DATE	

REQUEST FOR CHECK OF DRIVING RECORD

NAME		DATE OF BIRTH	
LICENSE NUMBER		STATE	

The reports may be procured by Coastal Road Repair, LLC and may include my driving record, an assessment of my insurability under the Company's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability.

PRINTED NAME			
SIGNATURE		DATE	

TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to

- Review Information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

PRINTED NAME			
SIGNATURE		DATE	