



I. C. REED & SONS, INC.

UTILITY CONSTRUCTION AND MAINTENANCE
6 Evans Drive, PO Box 968, Raymond, NH 03077
(603) 895-2731

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: _____
(please print) First Middle Last

Date of Application: _____

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.

TO BE READ AND SIGNED 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 authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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 that 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.

Signature: _____

Date: _____

DO NOT WRITE IN THIS BOX - FOR COMPANY USE ONLY

Interviewed by: _____

Interview Date: _____

Hired: _____

Position: _____

Date reporting to work: _____

Comments: _____

Salary/Wage: _____

GENERAL INFORMATION
Please Print - Answering All Questions

Position(s) Applied for: _____ Social Security #: _____

Phone Numbers: _____
Home Cell Other

Email: _____ Date of Birth: _____

Can you provide proof of age? _____

List your addresses of residency for the past 3 years.

Current Address: _____
Street City State Zip How Long?

Previous Addresses: _____
Street City State Zip How Long?

Street City State Zip How Long?

Street City State Zip How Long?

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

Have you worked for this company before? _____ If so, when? From: _____ To: _____ Pay Rate: _____

Position: _____ Reason for leaving: _____

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

Who referred you? _____ Rate of pay expected: _____

Have you ever been convicted of a felony? _____ If yes, please explain fully below.

(Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.)

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

If yes, explain: _____

Do you have any physical limitations that preclude you from performing any work for which you are being considered? _____

If yes, describe: _____

What can be done to accommodate your limitation? _____

Will you travel if job requires it? _____ Will you work overtime if asked? _____

Fear of Heights? _____ Is heavy lifting a problem for you? _____

Fear of Falling? _____ Are you able to lift 100 pounds? _____

EMPLOYMENT HISTORY
Total of 10 Years Employment History

List employers starting with the most recent, explaining any gaps in employment. Add more sheets if needed.

Employer: _____					Position Held: _____				
Mailing Address: _____									
Street/PO Box			City			State		Zip	
Supervisor/Contact Person: _____					Email: _____				
Salary/Wage: _____		Employed From: _____ to _____			Phone: _____				
Reason For Leaving: _____					Fax: _____				
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									

Employer: _____					Position Held: _____				
Mailing Address: _____									
Street/PO Box			City			State		Zip	
Supervisor/Contact Person: _____					Email: _____				
Salary/Wage: _____		Employed From: _____ to _____			Phone: _____				
Reason For Leaving: _____					Fax: _____				
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									

Employer: _____					Position Held: _____				
Mailing Address: _____									
Street/PO Box			City			State		Zip	
Supervisor/Contact Person: _____					Email: _____				
Salary/Wage: _____		Employed From: _____ to _____			Phone: _____				
Reason For Leaving: _____					Fax: _____				
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									

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver Licenses or Permits held in the past 3 years plus each unexpired CDL issued:

STATE	LICENSE NO.	CLASS	RESTRICTION(S) & ENDORSEMENT(S)	EXPIRATION DATE

All new employees are required to have a commercial driver's license class A. If you do not presently have one and are hired, you will have 30 days to apply for one and 90 days from the date of hire to acquire one.

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege ever been suspended or revoked? _____

If the answer to either of the above is "Yes", give details: _____

Driving experience:

Class of Equipment	Yes	No	Type	From (M/Y)	To (M/Y)	Approx # Miles
Straight Truck						
Tractor And Semi-Trailer						
Tractor + Multiple Trailers						
Other:						
Other:						

List states operated in for last five years: _____

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

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

Accident Record for past 3 years or more (attach sheet if needed) if none, write "NONE"

Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations) if none, write "NONE"

Date	Charge	Location	Penalty

(Attach sheet if more space is needed.)

EXPERIENCE AND QUALIFICATIONS - OTHER

List any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application:

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

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended: _____ City, State: _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

Name: _____	Years Acquainted: ____	Phone #: _____
Business: _____	Email: _____	
Name: _____	Years Acquainted: ____	Phone #: _____
Business: _____	Email: _____	
Name: _____	Years Acquainted: ____	Phone #: _____
Business: _____	Email: _____	