



# APPLICATION FOR EMPLOYMENT DRIVERS

**Human Resource Department  
48 Spiller Drive  
Westbrook, ME 04092**

Phone: 207-775-2676 Ext. 5421 or 5411

Fax: 207-775-2896

ccaplice@sigcoinc.com

Applicants are considered for all positions, and employees are treated without regard to age, race, color, religion, sex, national origin, ancestry, military or veteran status, disability, sexual orientation, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

**Personal Information**

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Full-time

Part-time

Summer

How did you hear about us?

Advertisement \_\_\_\_\_  Relative \_\_\_\_\_

Employment agency \_\_\_\_\_  Walk-in \_\_\_\_\_

Friend \_\_\_\_\_  Other \_\_\_\_\_

Please list any SIGCO employees who are friends or relatives of yours.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you at least 18 years old?  Yes  No

Do you hold a valid driver's license?  Yes  No

If yes, what state(s)? \_\_\_\_\_ License Number(s)? \_\_\_\_\_

Type(s)? \_\_\_\_\_ Expiration Date(s)? \_\_\_\_\_

**Driving Experience**

| Class of equipment       | Type of Equipment (van, tank, flat, etc.) | Date from | Date to | Approx. # of Miles (Total) |
|--------------------------|---|-----------|---------|----------------------------|
| Straight truck           |   |           |         |                            |
| Tractor and Semi-trailer |   |           |         |                            |
| Tractor-two Trailers     |   |           |         |                            |
| Other                    |   |           |         |                            |

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

If the answer to either A or B is yes, please attach a statement giving details

Are you able to become lawfully employed in this country?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

Have you ever been convicted of any violation of law by any court of law?  Yes  No

Include any guilty pleas entered, military courts martial, traffic violation convictions for Operating Under the Influence (OUI), or traffic violations that resulted in your license being suspended. Do not include any conviction(s) occurring before your 18th birthday or traffic violations not listed above.

If yes, please list:

| Offense(s) | Location | Date of Conviction(s) |
|------------|----------|-----------------------|
| _____      | _____    | _____                 |
| _____      | _____    | _____                 |
| _____      | _____    | _____                 |
| _____      | _____    | _____                 |

Not all conviction(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information may result in employment ineligibility.

**References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Employment History**

Must include the employment history for at least a 3-year period preceding this application that includes the current employer

Must list the complete mailing address: street number and name, city, state and zip code

(Attach sheet if additional space is needed)

Are you currently employed?  Yes  No

If 'Yes', may we contact your current employer for a reference?  Yes  No

***Current or Last Employer***

Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Supervisors name \_\_\_\_\_

Position \_\_\_\_\_ Date hired \_\_\_\_\_ Date left \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Rate of Pay \_\_\_\_\_

***Previous Employer***

Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Supervisors name \_\_\_\_\_

Position \_\_\_\_\_ Date hired \_\_\_\_\_ Date left \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Rate of Pay \_\_\_\_\_

***Previous Employer***

Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Supervisors name \_\_\_\_\_

Position \_\_\_\_\_ Date hired \_\_\_\_\_ Date left \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Rate of Pay \_\_\_\_\_

**Education History**

Name of High School \_\_\_\_\_ Graduated?  Yes  No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

GED?  Yes  No

Name of College/University \_\_\_\_\_ Graduated?  Yes  No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Other \_\_\_\_\_ Graduated?  Yes  No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Military Experience?**

Branch \_\_\_\_\_

Special Training \_\_\_\_\_

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**Request for Check of Driving Record**

I hereby authorize you to release the following information to SIGCO, LLC. For the purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth (optional - for background check purposes, only): \_\_\_\_\_

**Request for Information from Previous Employer**

I hereby authorize you to release the following information to SIGCO, LLC. For the purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Due Process for Driver Applicants**

Please understand that information you provide regarding current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history as required by 49 CFR 391. 23 (d) and (e). The following statement entitled "Due Process Rights (regarding information received as a result of investigations required by 49 CFR 391. 23 (d) and (e))" is being provided in accordance with 49 CFR 391.23(i).

I have read, understand and agree to the above and the following Due Process statement,

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Due Process Rights**

*Regarding information received as a result of investigations required by 49 CFR 391.23(d) and (e)*

You are hereby notified that you have the following rights regarding the investigative information that will be provided to the prospective employer pursuant to 49 CFR 391.23 (d) and (e):

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the, previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days' deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Applicant's Statement

These answers are true and complete to the best of my knowledge. SIGCO may investigate all statements contained in this application, and I understand any false or misleading information provided may result in my immediate discharge, if hired. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND SIGCO IS TERMINABLE-AT-WILL. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my criminal record, civil matters, previous employment, educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date of Birth (Optional - used for background check, only): Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_

| Current Address | City, State | Zip Code | Years |
|-----------------|-------------|----------|-------|
|                 |             |          |       |

| Previous Addresses | City, State | ZIP Code | Years |
|--------------------|-------------|----------|-------|
|                    |             |          |       |
|                    |             |          |       |
|                    |             |          |       |