



48 Spiller Drive
Westbrook, ME 04062
207-775-2676
Fax: 207-775-2896

[Email: ccaplice@sigcoinc.com](mailto:ccaplice@sigcoinc.com)

Application for Driver

Personal Information

Date _____

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Social Security Number _____

Cell Phone _____ Email address: _____

How did you here 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: _____

EXPERIENCE AND QUALIFICATION -DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer-				
Tractor - Two Trailers---				
Other _____				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, 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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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? _____

A. Has any pre-employment test conducted in the preceding two years resulted in a positive test result or a refusal to test? _____ Yes _____ No _____

IF THE ANSWER TO EITHER A, B OR C IS YES, USE SPACE BELOW GIVING DETAILS

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 attached 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 attached Due Process statement,

Applicant Signature _____ Date _____
(day, month, year)

EMPLOYMENT RECORD

For Dates Use Month/Year

Note: DOT requires that Employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown

LAST EMPLOYER: Name _____ Tel () _____

ADDRESS _____ Fax () _____

POSITION HELD _____ From _____ TO _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR. WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

SECOND LAST EMPLOYER: Name _____ Tel () _____

ADDRESS _____ Fax () _____

POSITION HELD _____ From _____ TO _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THISCOMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

THIRD LAST EMPLOYER: Name _____ Tel () _____

ADDRESS _____ Fax () _____

POSITION HELD _____ From _____ TO _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THISCOMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

FOURTH LAST EMPLOYER: Name _____ Tel () _____

ADDRESS _____ Fax () _____

POSITION HELD _____ From _____ TO _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES _____ NO _____

WAS YOUR JOB WITH THISCOMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

FIFTH LAST EMPLOYER- Name Tel () _____

ADDRESS _____ Fax() _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

SIXTH LAST EMPLOYER- Name Tel () _____

ADDRESS _____ Fax() _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

SEVENTH LAST EMPLOYER- Name Tel () _____

ADDRESS _____ Fax() _____

POSITION HELD _____ From _____ To _____ Salary _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS COMPANY? YES NO _____

WAS YOUR JOB WITH THIS COMPANY DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

(Date)

(Applicant's Signature)

Note: A motor carrier may require an applicant to provide information in addition to information required by the Federal Motor Carrier Safety Regulations.



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.

Received by: _____ Date: _____
(Name) (month, day, year)

Driver Supplement to Application for Employment

To be filled out by applicants applying for DRIVING position only.

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to SIGCO, Inc. 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

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to SIGCO, Inc. 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



Human Resource Department, 48 Spiller Drive, Westbrook, ME 04092
Phone: 207-775-2676; Fax: 207-775-2896; Email: HR@sigcoinc.com

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: _____ Middle Initial: _____

Applicant's Signature: _____

Social Security Number: _____

Date of Birth (Optional): Month: _____ Date: _____ Year: _____

Current Address	City, State	Zip Code	Years

Previous Addresses	City, State	ZIP Code	Years

Have you ever applied for work at SIGCO? U Yes U No If yes, when?

Have you ever worked for SIGCO? U Yes U No If yes, when? _____

Are you at least 18 years old? U Yes U No

If you are less than 16 years old, do you have a work certificate?

U Does not apply U Yes U No

Have you ever changed your name or used other names? U Yes U No

If yes, please list other names you have used: _____

Are you able to become lawfully employed in this country? U Yes U 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? U Yes U 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.

Educational Background

Name of High School _____

Graduated? U Yes U No

Address _____

GED? U Yes U No

Name of College or University _____

Graduated? U Yes U No

Address _____

Other _____ **Graduated?** U Yes U No

Name and Address of School _____

Military Experience

Branch _____

Date of Service _____

Did you receive a discharge from the military for any reason other than a dishonorable or bad conduct discharge? U Yes U No

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