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DRIVER APPLICATION

22 Albiston Way

Auburn, ME 04210

(This application must accompany MAINE OXY'S APPLICATION FOR EMPLOYMENT)

Note: This form covers all the information required by Part 391, Section 391.21, of the Department of Transportation Motor Carrier Safety Regulations. The applicant will please note that the applicant's prior employers may be contacted, for the purpose of investigating the applicant's background. 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, or non-job related disability.

DATE OF APPLICATION: _____

NAME: _____ Social Security No. _____
(Last) (First) (Middle)

Applicant's Date of Birth: ____/____/____ (Driving position requires that you are at least 21 years of age.)

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

Current Address: _____
Street City State/Zip

How long at the above address? _____ Phone: (____) _____

If you have lived at your current address for less than 3 years, please list your previous address or addresses.

<u>DATES</u> (From-To)	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>

List state, number and expiration date of each **valid** motor vehicle operator's license or permit issued to you.

<u>STATE</u>	<u>LICENSE NUMBER</u>	<u>CLASS</u>	<u>EXPIRATION DATE</u>

DRIVING EXPERIENCE

<u>TYPE OF EQUIPMENT</u> (Such as buses, truck tractors, semi trailers, full trailers, etc.)	<u>DATES</u> (From-To)	<u>APPROXIMATE MILES</u>

Please list your last **ten years** of previous and/or current employers - (starting with the most current) - use back if necessary.

<u>Name/Business</u>	<u>Address</u>	<u>Phone</u>	<u>Dates</u> (from-to)	<u>Reason for Leaving</u>

Please list any and all motor vehicle accidents in which you were involved in the previous 3 years.

<u>DATE</u>	<u>NATURE OF ACCIDENT</u>	<u>LOCATION</u>	<u>FATALITIES/ PERSONAL INJURIES</u>

Please list any and all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted or forfeited bond or collateral in the previous 3 years.

<u>DATE</u>	<u>VIOLATION</u>	<u>LOCATION</u>

Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended?
_____ Yes _____ No

If yes, please give facts of each instance.

Please list states you have driven in over the past 5 years:

Have you had a positive drug and/or alcohol test in the past two years? _____ Yes _____ No

If yes, please give facts of steps taken since that time, ie; substance abuse professional seen, etc.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish:

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 you to make such investigations and inquiries of my employment and other related matters as may be necessary. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

I, the applicant for this application, warrant the truthfulness of the information provided in this application.

DATE

APPLICANT SIGNATURE

Please type your First and Last Name

____ I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Form revised: 07/2015