



P.O. Box 127
Lincoln, ME 04457

www.themaineandstore.com
www.treelineinc.biz

Phone: 207-794-2044
FAX: 866-829-7077

Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Date: _____ Position Applying For: _____

Name: First: _____ Middle: _____ Last: _____

Address: _____ Home P hone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Address: _____ Last 4 Digits of your SSN: _____

PLEASE NOTE: If a job offer is made, it may be contingent on the results of a pre-employment physical.

If you have been at the above address less than 3 years, list addresses below to include the previous 3 years:

1. Address _____ Dates: From _____ To _____
City _____ State _____ Zip _____

.....
2. Address _____ Dates: From _____ To _____
City _____ State _____ Zip _____

.....
3. Address _____ Dates: From _____ To _____
City _____ State _____ Zip _____

Use backside of sheet for additional addresses if needed

Driver's License Information: all licenses held, last 3 years:

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

What class license do you have? _____ Do you have a current DOT medical card? _____

List all endorsements on your License? _____

Education Background:

Name	Description	Graduating Grades or Rank
High School	_____	_____
Technical School	_____	_____
Training Courses	_____	_____
College	_____	_____

Experience:

_____	_____ to _____	_____
Type of Vehicle Driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of Vehicle Driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of Vehicle Driven	Dates	Approximate mileage driven

All Accidents, last 3 years: (If none, write NONE)

Date _____	Describe _____	Fatalities _____	Injuries _____
Date _____	Describe _____	Fatalities _____	Injuries _____
Date _____	Describe _____	Fatalities _____	Injuries _____

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>

Commercial Driver Applicants: Complete Pages 2-6

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state of issuance; explanation: _____

Employment History, last 10 years, account for gaps between employers: (If owner/operator, list carriers leased to)

1) Present Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

Position: _____ Telephone: _____

May we contact your present employer?

Yes No

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

Reason for Leaving: _____

2) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

Position: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

Reason for Leaving: _____

3) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

Position: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

Reason for Leaving: _____

Commercial Driver Applicants: Complete Pages 2-6

4) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

Position: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

5) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

Position: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

6) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

Position: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES —	Have you successfully completed the return-to-duty process?	YES	NO
If YES —	Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.		

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees 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 thirty (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 (5) business day deadlines 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 their request to review the records.

Certification

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 hereby give permission to Treeline, Inc. to contact my previous employers and verify any information related to my employment there.

(Date)

(Applicant's Signature)

REQUEST FOR CHECK OF DRIVING RECORD

NOTE: This form may only be used in states that do not require a specific form.

CAUTION: When using a third party to request background information on applicants or existing employees – such as motor vehicle records, information from previous employers, criminal records, or credit history – you are subject to the Fair Credit Reporting Act (FCRA) and State consumer reporting laws. Under FCRA, the third-party vendor is considered a consumer reporting agency (CRA) and the employee background information is a consumer report. Before you can obtain a consumer report from a CRA, you must provide applicants and employees with a disclosure stating that your company may obtain such a report for employment purposes, and you must have authorization from the applicant or employee to conduct the check. You must also provide a copy of the Federal Trade Commission's notice called "A Summary of Your Rights Under the Fair Credit Reporting Act." The notice, disclosure, and authorization are not included in this file, and some state laws have additional requirements. Consult with your CRA on the need and use of such documents.

I hereby authorize you to release the following information to TreeLine, Inc.
(Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

_____ (Driver's Signature)	_____ (Date)
I also hereby certify that this report request and the above driver's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).	
_____ (Signature of Requester)	_____ (Date)

TO: _____

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF DRIVER _____
ADDRESS _____
(Number & Street) (City) (State) (Zip Code)
FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)
DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

TreeLine, Inc.
(Name of Company)
PO Box 127
(Address)
Lincoln Maine
(City) (State)
Brian Sowers
(Typed Name)
President
(Title)
[Signature]
(Signature)

EDUCATION BACKGROUND:

Name	Description	Graduating Grades or Rank
High School:	_____	_____
Technical School:	_____	_____
Training Courses:	_____	_____
College:	_____	_____

JOB HISTORY:

Company	Phone #	Contact Person	Job Description
Current Position:	_____	_____	_____
Dates Worked: From _____ To _____	_____	_____	_____
Previous Position:	_____	_____	_____
Dates Worked: From _____ To _____	_____	_____	_____
Previous Position:	_____	_____	_____
Dates Worked: From _____ To _____	_____	_____	_____
Previous Position:	_____	_____	_____
Dates Worked: From _____ To _____	_____	_____	_____

How did you hear of our company? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date: _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, state name, relationship, and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date Available for work: ____/____/____ What is your desired salary range? _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires? Yes No

Hobbies & Interests: _____

What motivates you and provides satisfaction from your work? _____

Do you like to learn new things or stick to what you know best? _____

Are you willing to work extra hours/days when necessary to fulfill your job duties? _____

What is more important to you, good benefits such as insurance or your wage rate? _____

Do you have anything that could prevent you from fulfilling your job duties? _____

PROVIDE 3 REFERENCES:

1.Name: _____ Relationship: _____ Phone #: _____

2.Name: _____ Relationship: _____ Phone #: _____

3.Name: _____ Relationship: _____ Phone #: _____

I attest that the above information I have provided is true.

Applicant Signature

Date