

Bourne Transport, LLC
APPLICATION FOR EMPLOYMENT

Name _____
 (First) (Middle) (Maiden Name, if any) (Last)
Address _____ How Long? _____
 (Street) (City) (State & Zip Code)
Date of Birth _____ Social Security No. _____ Hire Date _____
Telephone Number _____ Email Address _____

Emergency Contact Information

Contact Name	Phone Number	Address	City	State	Zip Code
1.					
2.					
3.					

PREVIOUS THREE YEARS RESIDENCY

_____ # Years _____
(Street) (City) (State & Zip Code)
_____ # Years _____
(Street) (City) (State & Zip Code)
_____ # Years _____
(Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)
License Information

Section 383.20 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

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 the past 3 years or more (Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICALS SPILLED
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

Traffic convictions and forfeitures for the past 3 years (Other than parking violation)

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and / or points)

(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 _____
If yes, explain _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- C. If yes, explain _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive Intrastate/ Interstate Commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

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

Last Employer Name: _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing required by 49 CFR part 40? Yes No

Second Last Employer Name: _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing required by 49 CFR part 40? Yes No

Third Last Employer Name: _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing required by 49 CFR part 40? Yes No

Fourth Last Employer Name: _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing required by 49 CFR part 40? Yes No

Fifth Last Employer Name: _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing required by 49 CFR part 40? Yes No

Sixth Last Employer Name: _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing required by 49 CFR part 40? Yes No

Seventh Last Employer Name: _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing required by 49 CFR part 40? Yes No

Eighth Last Employer Name: _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing required by 49 CFR part 40? Yes No

Ninth Last Employer Name: _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing required by 49 CFR part 40? Yes No

Tenth Last Employer Name: _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing required by 49 CFR part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations and inquires to 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 interviews(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 current/ 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.

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICATION'S SIGNATURE

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

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
<p>I, (Print Name) _____</p> <p align="center"> First M.I. Last Social Security Number </p> <p>Hereby authorize: _____</p> <p align="right">Date of Birth _____</p> <p> Previous Employer: _____ Email: _____ Street: _____ Telephone: _____ City, State, Zip: _____ Fax No.: _____ </p> <p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.</p> <p align="center">(employment application date)</p> <p>To: Prospective Employer: _____</p> <p> Attention: _____ Telephone: _____</p> <p> Street: _____</p> <p> City, State, Zip: _____</p> <p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p> <p>Prospective employer's fax number: _____</p> <p>Prospective employer's email address: _____</p> <p>_____</p> <p align="center">Applicant's Signature</p> <p align="right">Date</p> <p>This information is being requested in compliance with §40.25(g) and 391.23.</p>	

PART 2:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE																				
ACCIDENT HISTORY																					
<p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed as _____ from (m/y) _____ to (m/y) _____</p> <p>1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (specify) _____</p> <p>2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/></p> <p>If there is no safety performance history to report, check here <input type="checkbox"/>, sign below and return.</p> <p>ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 25%;">Location</th> <th style="width: 20%;"># Injuries</th> <th style="width: 20%;"># Fatalities</th> <th style="width: 20%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____</p> <p>_____</p> <p>_____</p> <p>Any other remarks:</p> <p>_____</p> <p>_____</p> <p align="right">Signature: _____</p> <p align="right">Title: _____ Date: _____</p>		Date	Location	# Injuries	# Fatalities	Hazmat Spill	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____
Date	Location	# Injuries	# Fatalities	Hazmat Spill																	
1. _____	_____	_____	_____	_____																	
2. _____	_____	_____	_____	_____																	
3. _____	_____	_____	_____	_____																	

PREVIOUS EMPLOYER- COMPLETE PAGE 2 AND 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYERS
DRUG AND ALCOHOL HISTORY	
If driver was not subject to Department of Transportation testing required while employed by this employer, please check here <input type="checkbox"/> , fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.	
Driver was subject to Department of Transportation testing requirements from _____ to _____.	
1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/>	
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>	
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up test? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/>	
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have alcohol test resulting of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/>	
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____	
Part 3 Completed by (Signature): _____ Date: _____	

PART 4a.	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____	
By: _____ Date: _____	

TO BE COMPLETED BY PROSPECTIVE EMPLOYER	
PART 4b.	
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____ Method: <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> Email <input type="checkbox"/> Telephone	
Date: _____ <input type="checkbox"/> Other _____	

Instructions to complete the safety performance history records request

<p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none">• Complete the information required in the section• Sign and date• Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none">• Complete the information• Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none">• Complete the information required in this section• Sign and date
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<p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none">• Complete the information required in this section• Sign and date• Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none">• Record receipt of the information• Retain the form
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I, _____, authorize Bourne Transport, LLC to access my motor vehicle record along with my drug and alcohol clearing house records. As needed, but not less than once per year.

(Name) (Signature) (Date)

**SAFETY PERFORMANCE HISTORY INFORMATION
DRIVER/APPLICANT REBUTTAL**

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

§391.23(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carriers' employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
To:	Previous Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone: _____ Fax: _____
From:	Driver/Applicant: _____ <div style="display: flex; justify-content: space-around;">NameSocial Security #</div> Street: _____ City, State, Zip: _____ Telephone NO.: _____
I have submitted this rebuttal to my previous employer requesting that it be attached to my Safety Performance History and provided to subsequent prospective employers.	
Reason for the rebuttal (attach documents as necessary): _____	
I request that this rebuttal be sent to the attached list of motor carriers.	
Drivers/Applicant Signature: _____ Date: ____/____/____	

PART 2:	COMPLETED BY THE PREVIOUS EMPLOYER
Received by:	
Signature: _____	Date: ____/____/____

COPY 1 PREVIOUS EMPLOYER

VIOLATION AN REVIEW RECORD

Driver's Name

(PLEASE PRINT OR TYPE)

I. CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited or collateral during the past 12 months.

Date	Offense	Location	Type Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(DATE OF CERTIFICATION) (DRIVER'S SIGNATURE)

(MOTOR CARRIER'S NAME) (MOTOR CARRIER'S ADDRESS)

(REVIEWED BY SIGNATURE) (TITLE)

II. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken:

(MOTOR CARRIER'S NAME) (MOTOR CARRIER'S ADDRESS)

(REVIEWED BY: SIGNATURE) (TITLE) (DATE)

RECEIPT

I hereby acknowledge receipt of a copy of Federal Motor Carrier Safety Regulations of the U.S. Department of Transportation (Parts 390-399). I agree to familiarize myself with these regulations and comply with their provisions at all times on duty as a driver.

(Print Name)

(Date)

(Driver's Signature)

(Date)

(Motor Carrier Representative)

(Date)

(Name of Motor Carrier)

Instruction: This receipt is to be read and signed by the driver. It should then be countersigned by the motor carrier representative and placed in the driver's qualification file.

DRIVER DATA SHEET

For Casuals, New-Hires, & Other Temporary Drivers

I. GENERAL (To be completed by all drivers)

Name (Print) _____ Social Security No. _____

Home Address _____

Driver's License State _____ Type/Class _____ ID NO. _____

II. HOURS OF SERVICE- Every driver, when first employed, or when being employed temporarily must comply with 49 CFR 395.8(i) by completing the information below for each of the last 7 days and indicating the data and time at which that person was last relieved from work.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I WAS LAST RELIEVED OF WORK AT:

TIME: _____ AM
 _____ PM

Date _____
 MO. Date Year

I hereby certify that the above information is correct to the best of my knowledge and belief:

Drivers Signature _____

III. EMPLOYMENT CHECK LIST FOR CASUALS - In compliance with 49 CFR 391.51 (d), the following information must be secured and retained in the driver qualification file for every person used as a driver on an intermittent, casual, or occasional basis. (ATA forms suitable for the purpose are suggested for each items). The person obtaining the information from the driver must initial each item in the space provided.

1. **Medical Certificate**- The medical examiner's certificate that the driver is physically qualified, or a legible photographic copy, not more than 2 years old. (ATA Forms C0750 and/ or C0730) _____
2. **Certificate of Road Test**- An original or copy of the certificate of road test administered in compliance with 49 CFR 391.31, not more than 3 years old, or copy of a classified license issued upon successful completion of a road test as provided for in 49 CFR 391.33. (ATA Forms C0790 and/or C0700) _____
3. **Certificate of Written Examination**- An original or copy of the certificates of written examination administered in compliance with 49 CFR 391.35, that is not more than 3 years old. (ATA Forms C0690 and/ or C0700)
 Note: If certificates required by #2 and #3, above, are more than 3 years old, the necessary tests must be administered. _____
4. **Compliance with Controlled Substance Testing Requirement** _____

IV. CERTIFICATION OF QUALIFIED DRIVER - As provided in 49 CFR 391, a person who is a qualified driver regularly employed by another motor carrier may be used upon presentation of a valid Certificate of Qualification (ATA Form C0750). A legible photographic copy must be attached to this form. _____

Processed by: _____ Date: _____
 (Carrier Agent)

Brake Inspector Qualification Certification

I, _____, hereby certify that I am knowledgeable and understand the requirements for performing the brake services or inspection task and I can identify the defective components in compliance with the regulations of the U.S. Department of Transportation for brake services or inspection tasks contained in 49 CFR Part 396 Appendix G. I hereby agree to comply with all such regulations governing the annual brake services and inspections task.

A qualified inspector must meet one or more of the following requirements Please check those applicable.

_____ Has successfully completed and apprenticeship program sponsored by State, Canadian province, Federal Agency or a labor union.

_____ Has successfully completed a training program approved by a state, federal agency.

_____ Has a certificate from a State or Canadian province qualifying me to perform the assigned brake service of inspection task.

_____ Has brake related training or experience or a combination totaling at least one year.

Such training may consist of:

_____ Participation in a training program sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspection tasks.

_____ Experience performing brake maintenance or inspection similar to the assigned brake services or inspection task at a commercial maintenance program.

_____ Experience performing brake maintenance or inspection similar to the assigned brake services or inspection task a commercial garage, fleet leasing company or similar facility.

_____ Has passed the air brake knowledge and skills test for a Commercial Driver's License.

Signature of Brake Inspector

I, _____, hereby certify that _____ has met the requirements for a qualified inspector to perform the brake services or inspection task in compliance with the regulations of the U.S. Department of Transportation for qualified inspectors contained in 49 CFR Section 396.25.

Dated this _____ day of _____, 20_____.

Signature of Owner/ Supervisor