



**PORTLAND STONE WARE**  
*Family owned & operated since 1847*

# Portland Stone Ware Company Inc.

50 McGrath Road  
 Dracut, Ma. 01826  
 800-343-0001

## DRIVER'S APPLICATION FOR EMPLOYMENT

Required for all USDOT Regulated Drivers

NAME \_\_\_\_\_  
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### PREVIOUS THREE YEARS RESIDENCY

(STREET)	(CITY)	(STATE & ZIP CODE)	# YEARS
(STREET)	(CITY)	(STATE & ZIP CODE)	# YEARS
(STREET)	(CITY)	(STATE & ZIP CODE)	# YEARS

### LICENSE INFORMATION

#### ATTACH SHEET IF MORE SPACE IS NEEDED

*Section 383.21 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.*

### DRIVING EXPERIENCE

STATE	LICENSE #	TYPE	EXPIRATION DATE

### 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.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS *(other than parking violations)*

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** *second sheet included if more space is needed*

**Federal Motor Carrier Safety Administration regulations require applicants to  
provide a total of ten years of employment history.**

**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 designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as 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 designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as 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 designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_ No \_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

**I authorize you to make sure investigations and inquiries 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 person 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 interview(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

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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

**EMPLOYMENT RECORD – SHEET # 2**

**ADDITIONAL EMPLOYER INFORMATION**

**Federal Motor Carrier Safety Administration regulations require applicants to provide a total of ten years of employment history.**

**This form must document the complete mailing address: street number and name, city, state and zip code.**

**FOURTH 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 designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_ No \_\_\_

**FIFTH 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 designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_ No \_\_\_

**SIXTH 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 designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_ No \_\_\_

**SEVENTH 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 designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_ No \_\_\_

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

THIS FORM REQUIRED FOR ALL DRIVERS

I, \_\_\_\_\_ Date of birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_ hereby authorize \_\_\_\_\_ Print First, M.I., Last

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_ Street \_\_\_\_\_ Telephone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

to release and forward the information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_

To: \_\_\_\_\_ Date of employment application \_\_\_\_\_

Prospective Employer: Portland Stone Ware Company Inc. Attention: Ms. Donna Morgan Telephone: 800-343-0001 Street: 50 McGrath Road City: Dracut State: Ma. Zip: 01826

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, e-mail, or letter.

Prospective employer's confidential fax number: 978-452-9988 Prospective employer's confidential e-mail address: dmorgan@portlandstoneware.com

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

Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §391.23. (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here

Fill in the start and end dates the driver was employed by your company here: Start: \_\_\_\_\_ End: \_\_\_\_\_

Please provide dates driver was subject to Department of Transportation testing requirements while employed at your company Start: \_\_\_\_\_ End: \_\_\_\_\_

- 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?.....YES  NO 
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?.... YES  NO 
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?..... YES  NO 
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? ..... YES  NO 
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 tests? If yes, please send documentation back with this form.....YES  NO 
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?.....YES  NO

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 in Section 1.

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

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

COMPLETE BELOW WHEN INFORMATION IS OBTAINED

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: Fax  Mail  Email  Phone \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

The applicant named above was employed by us. YES  NO

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

- 1. Did he/she drive a motor vehicle for you? YES  NO  If yes, what type? Straight Truck  Tractor-Semitrailer  Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_
- 2. Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty   
If there is no safety performance history to report, check here , sign below and return.

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  here if there is no accident register data for this driver.

Date	Location	# Injuries	# Fatalities	Haz-Mat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Employer Print: \_\_\_\_\_

Previous Employer Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_