



Driver Application for Employment

PERSONAL INFORMATION

Name _____
First Middle Last

Address _____ How Long? _____
Street City State Zip Code

Best Contact Phone # (_____) _____ () Home () Cell () Other

Other Contact Phone# (_____) _____ () Home () Cell () Other

Email _____

Are you at least 18 years of age? () Yes () No If No, can you furnish a work permit? () Yes () No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? () Yes () No
(Proof of citizenship or immigration status will be required upon employment)

EMPLOYMENT DESIRED

Position Desired _____ Date Available _____

Temporary or Regular _____ Full time or Part time _____

Have you worked for (or) applied to a TriMark company before? () Yes () No

Where _____ Date from _____ Date to _____ Position? _____

Reason for Leaving? _____

Names of relatives in our employ _____

Who referred you? () Newspaper () Sign out front () Walk-In () Employee Referral from _____
() Agency () Website (which site) _____ () Other: _____

Have you ever been bonded? () Yes () No If yes, name of bonding company _____

Do you have any restrictions regarding shift time assignments? () Yes () No

Do you currently engage in the illegal use of drugs? () Yes () No

Can you travel if the job requires it? () Yes () No

Do you have any commitments or agreements with another employer that might affect your employment with us? () Yes () No
If Yes please explain _____

TriMark is an Equal Opportunity Employer. We are dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, sexual orientation, gender identity, religion, national origin, disability, veteran status or other classes protected by applicable federal, state or local law. Reasonable accommodations are available to disabled individuals in connection with the application process. Please inform the Corporate Director of Human Resources, 505 Collins Street, South Attleboro, MA, 02703, 508-399-6000, if assistance is needed to complete this application or other accommodations are required. TriMark also prohibits harassment of applicants or employees based on any of these protected categories. It is also TriMark policy to comply with all applicable state and federal laws respecting consideration of unemployment status in making hiring decisions.

Note to Applicants: Smoking, including all methods of tobacco delivery, is prohibited in all indoor areas of TriMark unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

Note to Rhode Island Applicants: TriMark is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

EMPLOYMENT HISTORY

A RESUME MAY BE ATTACHED TO SUPPLEMENT THIS APPLICATION. HOWEVER ALL ITEMS MUST BE COMPLETED, EVEN IF CONTAINED WITHIN A RESUME. PLEASE DO NOT WRITE "SEE RESUME."

ALL APPLICANTS TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING 3 YEARS. APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE REQUIRING A COMMERCIAL DRIVER'S LICENSE (INCLUDES VEHICLES HAVING A GVWR OF 26,001 LBS OR MORE, VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING) IN INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH VEHICLE. (NOTE: LIST EMPLOYERS STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET OR SHEETS IF NECESSARY.)

Current or Last Employer _____ Supervisor Name _____

Supervisor Tel (_____) _____ Supervisor Email _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Last Position Held _____ From _____ To _____

Describe your major duties and responsibilities _____

Were you subject to Federal Motor Carrier and Safety Administration Regulations while employed? () Yes () No

Did you operate a vehicle requiring a Commercial Driver's License? () Yes () No

Reason for leaving _____

May we contact this employer? () Yes () No

2nd Last Employer _____ Supervisor Name _____

Supervisor Tel (_____) _____ Supervisor Email _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Last Position Held _____ From _____ To _____

Describe your major duties and responsibilities _____

Were you subject to Federal Motor Carrier and Safety Administration Regulations while employed? () Yes () No

Did you operate a vehicle requiring a Commercial Driver's License? () Yes () No

Reason for leaving _____

3rd Last Employer _____ Supervisor Name _____

Supervisor Tel (_____) _____ Supervisor Email _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Last Position Held _____ From _____ To _____

Describe your major duties and responsibilities _____

Were you subject to Federal Motor Carrier and Safety Administration Regulations while employed? () Yes () No

Did you operate a vehicle requiring a Commercial Driver's License? () Yes () No

Reason for leaving _____

EMPLOYMENT HISTORY - CONTINUED

4th Last Employer _____ Supervisor Name _____

Supervisor Tel (_____) _____ Supervisor Email _____

Address _____
 Street _____ City _____ State _____ Zip Code _____

Last Position Held _____ From _____ To _____

Describe your major duties and responsibilities _____

Were you subject to Federal Motor Carrier and Safety Administration Regulations while employed? () Yes () No

Did you operate a vehicle requiring a Commercial Driver’s License? () Yes () No

Reason for leaving _____

EDUCATION & QUALIFICATIONS

EDUCATION: CIRCLE HIGHEST GRADE COMPLETED:

Elementary 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 Other _____

Last School Attended _____
 School Name, Address _____

DRIVING EXPERIENCE & QUALIFICATIONS

DRIVER LICENSES/ PERMITS (attach additional sheets if necessary)	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? () Yes () No

Has any motor vehicle license, permit or privilege ever been denied, suspended or revoked? () Yes () No

If the answer to either questions above is YES, provide details: _____

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, ETC.)	DATES		APPROX NUMBER OF MILES (TOTAL)
		TO	FROM	
<input type="checkbox"/> STRAIGHT TRUCK				
<input type="checkbox"/> TRACTOR AND SEMI-TRAILER				
<input type="checkbox"/> TRACTOR – TWO TRAILERS				
<input type="checkbox"/> MOTORCOACH – SCHOOL BUS (list # of passengers, including driver, bus carried)				
<input type="checkbox"/> OTHER				

DRIVING RECORD

List states operated in for last five years _____

List special courses or training that help you as a driver _____

List any driving awards held and from whom _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. ATTACH SHEET IF MORE SPACE IS NEEDED. IF NONE, WRITE NONE.

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND BOND/COLLATERAL FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS). IF NONE, WRITE NONE. ATTACH SHEET IF MORE SPACE IS NEEDED. IF NONE, WRITE NONE.

LOCATION	DATE	VIOLATION	PENALTY

OTHER EXPERIENCE & QUALIFICATIONS

List any trucking, transportation or other experience that may help in your work for this company.	List courses, training or certifications that you may have, other than that shown elsewhere on this application.	List special equipment or technical materials with which you can work, other than those already shown on this application.

BUSINESS REFERENCES

LIST THREE BUSINESS REFERENCES WHO ARE NOT RELATED TO YOU

Name _____ Tel (____) _____ Email _____

Address _____ Relationship _____

Name _____ Tel (____) _____ Email _____

Address _____ Relationship _____

Name _____ Tel (____) _____ Email _____

Address _____ Relationship _____

APPLICANT'S STATEMENT & ACKNOWLEDGEMENT

**THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED,
AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED**

Initial: _____	I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.
Initial: _____	I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an at-will employee , meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the President of the Company and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the President, any such agreements must be in writing and signed by the President and by me or my authorized representative.
Initial: _____	I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by TriMark.
Initial: _____	I understand that if I am offered employment, I may be required to sign a non-compete, non-solicitation and non-disclosure agreement, as a condition of the employment.
Initial: _____	I understand that the Company may share the information contained in this application with other employees for employment and administrative purposes and hereby consent to such transfer.
Initial: _____	I hereby authorize the Company to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.
Initial: _____	I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.
Initial: _____	If applicable, I agree to undergo a pre-employment physical examination consistent with federal and state law.
Initial: _____	If applicable, I agree to submit to legally permissible drug testing upon an offer of employment from TriMark and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result.
Initial: _____	Massachusetts Applicants: I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.
Initial: _____	Maryland Applicants: I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

My signature below certifies that: (1) I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

<p>_____</p> <p>APPLICANT'S SIGNATURE</p>	<p>_____</p> <p>DATE</p>
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This application will only be considered in connection with the specific position for which you are applying. A separate application must be submitted for every position in which you are interested.