



DRIVER'S APPLICATION FOR EMPLOYMENT

Company: **NEW ENGLAND ICE CREAM CORPORATION**

Address: **222 MANSFIELD AVENUE**

City: **NORTON** State: **MA** Zip Code: **02766**

New England Ice Cream Corporation is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religious creed, national origin, ancestry, sex, age, disability, protected genetic information, veteran's status, sexual orientation, gender identity, or any other category protected by law.

Position(s) applied for: _____ Date of application: _____

Applicant Name: _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address: _____
Street _____ How long? _____
City State Zip code

Telephone number: (home) _____ (cell) _____

Previous Addresses: _____ How long? _____
Street City State & Zip Code

_____ How long? _____
Street City State & Zip Code

_____ How long? _____
Street City State & Zip Code

Are you legally eligible for employment in the United States? _____ YES _____ NO

Have you worked for this company before? _____ YES _____ NO

Dates: from _____ to _____ Position held: _____

Who referred you? _____ Date available: _____

I authorize you to make such investigations and inquiries of 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 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 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.

Signature _____ Date _____

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

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	FATALITIES	INJURIES
Last accident _____			
Next previous _____			
Next previous _____			

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

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER'S LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____YES _____NO

B. Has any license, permit or privilege ever been suspended or revoked? _____YES _____NO

If the answer to either A or B is yes, please attach a statement giving details.

DRIVING EXPERIENCE – IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motorcoach-School Bus				
Other				

List states you operated in for the last five years. _____

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

List any safe driving awards you hold and from whom. _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for this company. _____

List courses and training other than shown elsewhere in this application. _____

List special equipment or technical materials you can work with (other than those already shown). _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* 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 in reverse order starting with the most recent. Add another sheet as necessary.)

You may include any verifiable volunteer work. You need not disclose organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected class.

EMPLOYER		DATE	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City	State	Zip Code	
Contact person	Phone Number	Reason for leaving	
Were you subject to the FMCSRs ⁺ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER		DATE	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City	State	Zip Code	
Contact person	Phone Number	Reason for leaving	
Were you subject to the FMCSRs ⁺ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER		DATE	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City	State	Zip Code	
Contact person	Phone Number	Reason for leaving	
Were you subject to the FMCSRs ⁺ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (Continued)

EMPLOYER		DATE	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City	State	Zip Code	
Contact person	Phone Number	Reason for leaving	
Were you subject to the FMCSRs ⁺ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER		DATE	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City	State	Zip Code	
Contact person	Phone Number	Reason for leaving	
Were you subject to the FMCSRs ⁺ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety--sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

⁺The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver),

TO BE READ AND SIGNED BY APPLICANT

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.

I acknowledge that any offer of employment is conditioned upon my passing a medical examination, the sole purpose of which is to determine whether, with or without reasonable accommodation, I am capable of performing the essential functions of the job for which I am hired. I also understand that said examination will include a screening for controlled substances.

I also acknowledge that either I or the Employer may terminate my employment at any time, with or without cause, and with or without notice.

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.

Signature: _____

Date: _____