

**Specialized Machinery Transport, Inc.  
21 Town Forest Road Webster, MA 01570**

# APPLICATION FOR EMPLOYMENT

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(First) (Middle) (Last)

**ADDRESS:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_  
(Street) (City) (State & Zip)

**DATE OF BIRTH:** \_\_\_\_\_  
MM/DD/YYYY

**SOCIAL SECURITY NUMBER** --- --- **PHONE NO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_  
PAST THREE YEARS: (Street) (City) (State & Zip)

\_\_\_\_\_ **HOW LONG?** \_\_\_\_\_  
(Street) (City) (State & Zip)

**EMERGENCY CONTACT:** \_\_\_\_\_  
(NAME) (PHONE NUMBER)

<b>LICENSING</b>	<b>STATE</b>	<b>LICENSE NO.</b>	<b>TYPE</b>	<b>EXPIRATION DATE:</b>

**EXPERIENCE AND QUALIFICATIONS (ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED)**  
**DRIVING EXPERIENCE**

<b>Class of Equipment</b>	<b>Type of Equipment</b>	<b>Date: From</b>	<b>Date: To</b>	<b>Miles Driven</b>



**Specialized Machinery Transport, Inc.**  
**21 Town Forest Road Webster, MA 01570**

**APPLICANT:** AS REQUIRED BY THE US DOT, THE INFORMATION PROVIDED ON THIS PAGE PERTAINING TO PREVIOUS EMPLOYMENT HISTORY MAY BE USED AND YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY. UNDER DOT REGULATIONS, YOU HAVE THE RIGHT TO REVIEW AND REBUT INFORMATION PROVIDED BY A PREVIOUS EMPLOYER. APPLICANTS WISHING TO REVIEW PREVIOUS EMPLOYER-PROVIDED INVESTIGATIVE INFORMATION MUST SUBMIT A WRITTEN REQUEST TO THE PROSPECTIVE EMPLOYER. PLEASE SEE THE PROSPECTIVE EMPLOYER AND THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR YOUR SPECIFIC RIGHTS UNDER THIS US DOT REGULATION 391.23.

**EMPLOYMENT RECORD (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)**

**NOTE:** DOT Requires that Employment for at least 3 Years and / or Commercial Driving Experience for the past 10 years be listed.

**1<sup>ST</sup> LAST EMPLOYER:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS: STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO  
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

**2<sup>ND</sup> LAST EMPLOYER:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS: STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO  
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

**3<sup>RD</sup> LAST EMPLOYER:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS: STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING : \_\_\_\_\_  
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO  
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

**TO BE READ AND SIGNED BY THE APPLICANT**

I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I authorize Specialized Machinery Transport, Inc. to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release Specialized Machinery Transport, Inc. from any and all liability resulting from the verification of such information. I understand that any false statement or omission of fact on this application or on any supporting documents shall be grounds for non-hire or discharge, regardless of when discovered by Specialized Machinery Transport, Inc.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

**Specialized Machinery Transport, Inc.  
21 Town Forest Road Webster, MA 01570**

**PREVIOUS PRE-EMPLOYMENT  
EMPLOYEE ALCOHOL AND DRUG TEST  
STATEMENT**

§40.25(j): As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety – sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (Refer to §40.25(b)(5) and (e) for further information.)

Prospective Employee

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

Social Security Number \_\_\_\_\_

The prospective employee is required by §40.25(j) to respond to the following questions.

Have you 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, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Check one:             YES             NO

If you answered “Yes”, can you provide or obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one:             YES             NO

I certify that the information provided on this document is true and correct.

Prospective Employee Signature:

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

Witnessed by:

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

(Company Representative)

**Specialized Machinery Transport, Inc.  
21 Town Forest Road Webster, MA 01570**

**REQUEST FOR CHECK OF DRIVING RECORD**

To: Fleet Safety Services  
12 Harvard Street  
Worcester, MA 01609

The following named person has applied with our company for the position indicated below. In accordance with 391.23 of the FMCSR, I authorize, Specialized Machinery Transport, Inc. and Fleet Safety Services and Applicant Insight and its agents to obtain my driving record.

Name of Applicant \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (Apartment)

\_\_\_\_\_ (City, State, and Zip Code)

Position applied for: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**THIS SIGNED REQUEST FOR DRIVING RECORD WILL BE VALID WHILE  
EMPLOYED BY THE ABOVE COMPANY**

**Specialized Machinery Transport, Inc.  
21 Town Forest Road Webster, MA 01570**

**MANDATORY NOTIFICATION OF ALL  
MOVING VIOLATIONS AND / OR ANY  
DRIVING PRIVILEGES SUSPENSIONS /  
REVOICATIONS.**

\_\_\_\_\_, agree to notify a supervisor representative of Specialized Machinery Transport, Inc. within 30 days of any moving violation /conviction I receive and immediately of any suspension, restrictions or revocations of my driver's license. This requirement pertains to actions resulting from my operating any motor vehicle or for any non-motor vehicle offense.

Failure to provide the above notifications can lead to suspension or termination of employment with Specialized Machinery Transport, Inc..

These reporting requirements are mandated by the US DOT and are outlined in 49 CR parts 383.31, 383.33 and 391.15.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**Specialized Machinery Transport, Inc.  
21 Town Forest Road Webster, MA 01570  
DRIVER DATA SHEET**

MUST BE COMPLETED ON THE FIRST DAY OF WORK

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

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Motor Vehicle Operator's License Number: \_\_\_\_\_

Type of License: \_\_\_\_\_

Issuing State: \_\_\_\_\_

**Instructions:**

Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. (Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Date								
Hours Worked								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at: \_\_\_\_\_ on: \_\_\_\_\_.  
(time) (month, day, year)

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

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

**Specialized Machinery Transport, Inc.**  
**21 Town Forest Road Webster, MA 01570**

**RECORD OF ROAD TEST**

**Road Test Form and Road Test Certificate Requirement:**

- Class A, B or C Drivers – Road Test is only **mandatory** for drivers who will be assigned to operate a commercial motor vehicle requiring a doubles/triples or tank vehicle license endorsement.
- (NON-CDL) Drivers – Road Test is **mandatory** for drivers who have a non-CDL driver's license and will be assigned to operate a commercial motor vehicle with GVWR between 10,001 – 26,000 lbs.

NOTE: A motor carrier (employer) may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his/her driving skill as a condition to his/her employment as a driver.

Driver's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Operator/Chauffeur's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type of Power Unit: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_ If Passenger Carrier, Type of Bus: \_\_\_\_\_

**Please evaluate skill and competence levels the driver exhibits for each of the areas following:**

- **The Pre-trip Equipment Inspection**  
 Unsatisfactory       Satisfactory       Needs Training

Comments: \_\_\_\_\_

- **Coupling and Uncoupling of Combination Units**  
 Unsatisfactory       Satisfactory       Needs Training

Comments: \_\_\_\_\_

- **Placing the Commercial Motor Vehicle in Operation**  
 Unsatisfactory       Satisfactory       Needs Training

Comments: \_\_\_\_\_

- **Operating the Commercial Motor Vehicle in Traffic and While Passing Other Motor Vehicles**  
 Unsatisfactory       Satisfactory       Needs Training

Comments: \_\_\_\_\_

- **Turning the Commercial Motor Vehicle**  
 Unsatisfactory       Satisfactory       Needs Training

Comments: \_\_\_\_\_

- **Braking and Slowing the Commercial Motor Vehicle by Means Other than Braking**  
 Unsatisfactory       Satisfactory       Needs Training

Comments: \_\_\_\_\_

- **Backing and Parking the Commercial Motor Vehicle**  
 Unsatisfactory       Satisfactory       Needs Training

Comments: \_\_\_\_\_

Duration of Road Test \_\_\_\_\_ hours and \_\_\_\_\_ miles

(Name of Examiner -please print) (Date) (Signature) \_\_\_\_\_



**Specialized Machinery Transport, Inc.**  
**21 Town Forest Road Webster, MA 01570**

**Certificate of Road Test**

*Road Test Form and Road Test Certificate Requirement:*

- Class A, B or C drivers – Road Test is only **mandatory** for drivers who will be assigned to operate a commercial motor vehicle requiring a doubles/triples or tank vehicle license endorsement.
- (NON-CDL) drivers – Road Test is **mandatory** for all drivers who have a non-CDL driver's license and will be assigned to operate a commercial motor vehicle with GVWR between 10,001 – 26,000 lbs.

NOTE: A motor carrier (employer) may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his/her driving skills as a condition to his/her employment as a driver.

Driver's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Operator/Chauffeur's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type of Power Unit: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

If Passenger Carrier, Type of Bus: \_\_\_\_\_

This is to certify that the above named driver was given a road test under my supervision on \_\_\_\_\_, consisting of approximately \_\_\_\_\_ miles of driving.  
(Date)

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner) (Title) (Date)

Name of Examiner: \_\_\_\_\_ Address: \_\_\_\_\_

Examiner's Organization or Company Name: \_\_\_\_\_

*This certificate must be completed after each successful Road Test. The driver should receive a copy of both the Record of Road Test as well as this certificate, and the originals of both documents should remain in the Driver's Qualification File.*

*Legible copies of these documents must be retained as part of the Driver's Qualification File.*

**Specialized Machinery Transport, Inc.  
21 Town Forest Road Webster, MA 01570**

**DRIVER'S RECEIPT OF THE FMCSR**

I, \_\_\_\_\_ acknowledge receipt of this FEDERAL MOTOR CARRIER REGULATIONS POCKETBOOK. In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR of the US Department of Transportation, Parts 382,383,387,390-399, Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations), as contained therein.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative Signature: \_\_\_\_\_

Note: The receipt shall be read and signed by the driver. A responsible company representative shall countersign the receipt & place it in the Driver's Qualification File.

**Specialized Machinery Transport, Inc.  
21 Town Forest Road Webster, MA 01570**

**Substance Policy Receipt**

By my signature, I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Specialized Machinery Transport, Inc. Substance Abuse and Alcohol Misuse Program. I understand that Specialized Machinery Transport, Inc. requires employee alcohol and controlled substance testing as a condition of my employment. I also understand the consequences of failing, or refusing to be tested for alcohol or a controlled substance.

I further agree to cooperate and abide by the requirements and conditions of the Specialized Machinery Transport, Inc. Substance Abuse and Alcohol Misuse Program and understand that failure to do so could be grounds for termination.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Company Representative)

\_\_\_\_\_  
(Date)

Note to: Company Representative:  
This form is to be kept on file after the employee has received a copy of the company substance policy and signed the acknowledgement. This form must be completed prior to substance or alcohol testing.

**Specialized Machinery Transport, Inc.  
21 Town Forest Road Webster, MA 01570  
Request for Driver's Safety Performance History**

To:

DATE: \_\_\_\_\_

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

Attn: Personnel  
From: **Fleet Safety Services, Inc.**  
Agent for: Specialized Machinery Transport, Inc.  
Fax: (508) 831-7611

**APPLICANT WRITE IN THIS BOX ONLY**

\_\_\_\_\_ has applied with our company for the position of  
(Driver Name)  
a driver and has indicated that he/she was employed by you.

Applicant's Signature \_\_\_\_\_ Social Security# \_\_\_\_\_

As required by 49 CFR Part 391.23, please reply, within 30 days, to this inquiry. Your reply will be maintained in accordance with the Federal Motor Carrier Safety Regulations. Please complete this form and mail or fax it to Fleet Safety Services at (508) 831-7611

Applicant was employed by you from: \_\_\_\_\_ to \_\_\_\_\_

1) Are the employment dates with your company correct, as stated above? Yes No

2) What type of work did the applicant perform? \_\_\_\_\_

3) Did the applicant drive motor vehicles for you? Yes No  
Straight truck \_\_\_\_\_ Tractor-Semi-trailer \_\_\_\_\_ Bus \_\_\_\_\_ Other (specify) \_\_\_\_\_  
(Please indicate type or types)

4) Reason for leaving your employ: Discharge Laid off Resigned/Other  
Remarks: \_\_\_\_\_

Information provided by : \_\_\_\_\_  
(Name and date)

Please circle the appropriate rating: Excellent = 1 Good = 2 Fair = 3 Poor = 4 Very Poor = 5

Quality of work	1	2	3	4	5
Cooperation	1	2	3	4	5
Safety habits	1	2	3	4	5
Personal habits	1	2	3	4	5
Driving skill	1	2	3	4	5
Attitude	1	2	3	4	5

**Per 49 CFR Part 391.23 please list, at a minimum, all US DOT "recordable crashes" the driver was involved in while employed with you. (Previous 3 years only)**

Date of Accident	Location	Injuries	Tow away	Fatality	Comments

**(PLEASE USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY, IF NO RECORDABLE CRASHES, PLEASE NOTE SUCH)**  
Note: Failure to furnish the minimum information as required by 49 CFR Part 391.23 is a violation of US Department of Transportation regulations and may result in a fine and/or civil liability.

**Specialized Machinery Transport, Inc.  
21 Town Forest Road Webster, MA 01570**

**Request for Previous Substance/Alcohol Testing Information  
CDL DRIVERS ONLY – PREVIOUS 3 YEARS ONLY**

To:

DATE: \_\_\_\_\_

COMPANY

ADDRESS

CITY

STATE

ZIP

Attn: Personnel

From:

**Fleet Safety Services, Inc.**

Drug & Alcohol Dept.

Agent for: Specialized Machinery Transport, Inc.

Fax: (508) 831-7611

As required by 49 CFR Part 391.23, please mail or fax the following information regarding the applicant listed below to Fleet Safety Services, Inc. at (508) 831-7611

**APPLICANT WRITE IN THIS BOX ONLY**

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test results and any non-negative test records to the prospective company. I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the companies for which I have worked in a DOT safety-sensitive position or DOT pre-employment test during the previous three years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

- Check this box if you have NOT performed DOT functions in the past three years.
- Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past three years.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**Release of Previous Employer's DOT Drug/Alcohol Testing Results**

In accordance with 49 CFR Part 40.25, 391.23 the prospective company is required to obtain (and as a previous employer you are required to release) information concerning the above named Applicant's past DOT drug and alcohol test results within the last three years – including refusals to test. Please complete the following:

**YES\***

**NO**

- \_\_\_\_ 1. Any alcohol test results of 0.04 or greater during the previous three years?
- \_\_\_\_ 2. Any positive drug test results during the previous three years?
- \_\_\_\_ 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted specimens)
- \_\_\_\_ 4. Other violations of DOT drug and alcohol testing regulations?
- \_\_\_\_ 5. Did a previous employer report a drug/alcohol rule violation to you within the past three years?
- \_\_\_\_ 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?
- 7. Check this box if your company and/or the applicant was not subject to DOT regulations.

*Note: If "yes" for item 5, you must provide the previous employer's report. If "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

Comments: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*Note: Failure to furnish the above information as required by 49 CFR 391.23 is a violation of US Department of Transportation regulations and may result in a fine and/or civil liability.*