

**BRANCH BROOK, INC.**  
**14 OLD SAWMILL LANE**  
**PO BOX 967, KENNEBUNK, ME 04043**  
**207-985-1500**

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**DRIVERS APPLICATION FOR EMPLOYMENT**

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Phone \_\_\_\_\_  
State Zip \_\_\_\_\_

List your addresses of residency for the past 3 years.

Street City State & Zip Code How Long? \_\_\_\_\_

Street City State & Zip Code How Long? \_\_\_\_\_

Do you have the legal right to work in the United States?  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?  
\_\_\_\_\_  
\_\_\_\_\_

If yes, explain if you wish.  
\_\_\_\_\_  
\_\_\_\_\_

## 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.)

EMPLOYER			DATE	
NAME			FROM: MO. YR	TO: MO. YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM: MO. YR	TO: MO. YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM: MO. YR	TO: MO. YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM: MO. YR	TO: MO. YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM: MO. YR	TO: MO. YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

\*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.

**ACCIDENT RECORD FOR 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)  
IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8    HIGH SCHOOL: 1 2 3 4    COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED

NAME \_\_\_\_\_

CITY \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVERS 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, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE (IF NONE, WRITE NONE)**

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				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

\_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

\_\_\_\_\_