



## APPLICATION FOR EMPLOYMENT

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

Date of Application: \_\_\_\_\_

Company: **Paul Revere Transportation LLC**

Address: **100 Eastern Avenue**

City: **Chelsea** State: **MA** Zip: **02150**

Our company 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, veteran's status or sexual orientation.

### TO BE READ AND SIGNED BY APPLICANT

Massachusetts General Law c.149 s19B requires that the following statement be included on employment applications: "It is unlawful in Massachusetts to require of 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."

Massachusetts General Law c.151B defines "genetic information" as any written record or explanation of a genetic test of a person's family history with regard to the presence, absence or variation of a gene. A genetic test is broadly defined as "any test of DNA, RNA, mitochondrial DNA, chromosome or proteins for the purpose of identifying genes or genetic abnormalities." The law expressly excludes drug and alcohol tests from this definition, meaning that employers may continue to conduct such tests in accordance with existing legal requirements.

These new statutory provisions specifically prohibit employers from (1) terminating or refusing to hire individuals on the basis of genetic information; (2) requesting genetic information concerning employees, applicants or their family members; (3) attempting to induce individuals to undergo genetic tests or otherwise disclose genetic information; (4) using genetic information in any way that affects the terms and condition of an individual's employment; or (5) seeking, receiving or maintaining genetic information for any non-medical purpose.

I understand the 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: \_\_\_\_\_



## APPLICATION INFORMATION

Please print clearly in ink and complete the entire application.

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

### Personal Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street)

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

Telephone (Daytime): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_

Are you at least 18 years old?  Yes  No

Are you legally authorized to work in the U.S.?  Yes  No  
*(If hired, you will be required to provide proof of identity and work authorization)*

How did you hear of our company?  Newspaper  Agency  
 Employee Referral  other

### Job Interest

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

Preference:  Full Time  Part Time  Part Time days/hours preference: \_\_\_\_\_

How soon could you start? \_\_\_\_\_

Are you available to work overtime?  Yes  No



Briefly describe the type of work for which you are best qualified. Note any details about your qualifications that should be considered. Include special skills such as machines operated, licenses, foreign languages, computer and software knowledge, etc.

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What are your career objectives?

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List any professional affiliations, honors and awards, publications, patents, etc.  
*(Exclude any memberships that would reveal age, sex, race, religion, color, national origin or disability.)*

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Have you ever been convicted of a felony?  Yes  No

If yes, give dates and details of conviction ("An application for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.")

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## ACCIDENTS AND TRAFFIC VIOLATIONS

ACCIDENT RECORD FOR PAST 6 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	HAZARDOUS MATERIAL SPILL
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

## EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years.

DRIVER 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, GIVE DETAILS \_\_\_\_\_  
\_\_\_\_\_

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT (CHECK YES OR NO)	CIRCLE TYPE OF EQUIPMENT	DATES FROM	TO	APPROX NO OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – TWO TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – THREE TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> Yes <input type="checkbox"/> No (more than 8 passengers)				
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> Yes <input type="checkbox"/> No (more than 15 passengers)				
OTHER <input type="checkbox"/> Yes <input type="checkbox"/> No				



**DRIVING EXPERIENCE (continued)**

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? \_\_\_\_\_

**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):

\_\_\_\_\_

\_\_\_\_\_

**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, STATE)



## EMPLOYMENT HISTORY

EMPLOYER	DATE	
NAME	FROM: MO.      YR.	TO: MO.      YR.
ADDRESS	POSITION HELD	
CITY	REASON FOR LEAVING	
CONTACT PERSON		
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 & 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	REASON FOR LEAVING	
CONTACT PERSON		
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 & 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	REASON FOR LEAVING	
CONTACT PERSON		
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 & 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	REASON FOR LEAVING	
CONTACT PERSON		
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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

\* 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



**DISCLAIMER**

Please read the following statements; they constitute the conditions under which you would be employed for Paul Revere Transportation LLC should you be accepted for employment.

I certify that all information that I have provided on this application is true and complete to the best of my knowledge. I understand that falsification, misrepresentations or omission of facts called for in this application may result in denial of employment or immediate dismissal.

I understand that if I am employed by Paul Revere Transportation LLC, my employment is for no definite term and that I can be terminated at anytime with or without notice and with or without cause. I further understand that no verbal promises or guarantees are binding on Paul Revere Transportation LLC and that no one, other than the General Manager of Paul Revere Transportation LLC, has the authority to enter into an agreement for employment contrary to the above, and that such agreement must be in writing. If employed, I agree to abide by all of Paul Revere Transportation’s rules and regulations; and any changes thereto.

I understand that a job offer may be contingent upon the satisfactory results of a physical examination and/or drug screening. (Note: You will be notified if these are a requirement, and all related expenses are paid by Paul Revere Transportation LLC.)

I give Paul Revere Transportation LLC permission to investigate all pertinent information concerning my application in order to determine my qualifications for employment. I understand that any offer of employment may be rescinded if the results of the investigation are unacceptable to Paul Revere Transportation LLC.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

**FOR COMPANY USE**

<b>Process Record</b>	
<b>Applicant Hired:</b> _____	<b>Classification:</b> _____
<b>Division:</b> _____	
<b>Signature of Interviewing Officer:</b> _____	



**PAUL REVERE TRANSPORTATION LLC**

**EMPLOYEE INFORMATION SHEET**

NAME: \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CURRENT PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_  MALE  FEMALE

EMERGENCY CONTACT PERSON: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL-TIME: \_\_\_\_\_ PART-TIME: \_\_\_\_\_ SEASONAL: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

HOURLY WAGE (OFFICE USE ONLY): \_\_\_\_\_

DIVISION: \_\_\_\_\_ POSITION: \_\_\_\_\_

**LICENSE INFORMATION**

LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CLASS:  A  B

ENDORSEMENTS: \_\_\_\_\_

DTE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DRIVING RECORD DATE: \_\_\_\_\_

MEDICAL CERTIFICATE EXPIRATION DATE: \_\_\_\_\_

SCHOOL BUS LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_





**PAUL REVERE TRANSPORTATION LLC  
100 EASTERN AVENUE  
CHELSEA, MA 02150**

This statement is proof of your knowledge that your employment is depending on the outcome of your (CORI) check. That is the Criminal Record check. We will start you in the training process with the understanding that when the record is received, if for any reason the company feels you are unfit, we can and will terminate forthwith.

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Employee Signature

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Witness Signature



## EMPLOYEE AVAILABILITY SHEET

APPLICANT NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

### HOURS AVAILABLE FOR WORK

SATURDAY \_\_\_\_\_

SUNDAY \_\_\_\_\_

MONDAY \_\_\_\_\_

TUESDAY \_\_\_\_\_

WEDNESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_

FRIDAY \_\_\_\_\_

### OFFICE USE ONLY:

LOCATION:    LEX                    GBD                    MASCO                    WINTHROP                    UMASS                    OTHER