



## Application For Employment

**C.L.. Noonan Container Service Inc., 415 West Street, W. Bridgewater 02379**

Applicant Information PLEASE PRINT

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

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
No. and Street City State Zip

Other addresses within last 3 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Are you 21 years old or older? YES \_\_\_ NO \_\_\_

Was your previous employment designated as a safety sensitive function regulated by DOT alcohol and drug testing requirements? YES \_\_\_ NO \_\_\_

Have you been driving under a CDL for two or more years? YES \_\_\_ NO \_\_\_

Have you been driving under a CDL for less than 1 year? YES \_\_\_ NO \_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

CDL Yes \_\_\_ No \_\_\_ Endorsements \_\_\_\_\_

Current Medical Card Yes \_\_\_ No \_\_\_ Date of Expiration \_\_\_\_\_

Have you exceeded the DOT limits for alcohol or tested positive for DOT illegal drugs in the past 3 years? \_\_\_\_\_

Experience in operating the following types of vehicles:

\_\_\_\_\_  
(Such as Busses, Trucks, Truck tractor, Semi Trailer, etc.)

\_\_\_\_\_  
In accordance with 49 CFR 391.21 the applicant is hereby notified that safety sensitive information provided by them will be investigated and they have due process rights per part 391.23(I)

Has your right to operate ever been denied, revoked or suspended? Yes \_\_\_ No \_\_\_

If so, explain: \_\_\_\_\_

Previous employment for the past 3 years:

**(1) EMPLOYER: NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street or Route City State Zip

**POSITION HELD** \_\_\_\_\_ **SUPERVISOR** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
(MO./YR.) (MO./YR.)

**REASON FOR LEAVING** \_\_\_\_\_

**(2) EMPLOYER: NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street or Route City State Zip

**POSITION HELD** \_\_\_\_\_ **SUPERVISOR** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
(MO./YR.) (MO./YR.)

**REASON FOR LEAVING** \_\_\_\_\_

**(3) EMPLOYER: NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street or Route City State Zip

**POSITION HELD** \_\_\_\_\_ **SUPERVISOR** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
(MO./YR.) (MO./YR.)

**REASON FOR LEAVING** \_\_\_\_\_

**(4) EMPLOYER: NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street or Route City State Zip

**POSITION HELD** \_\_\_\_\_ **SUPERVISOR** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
(MO./YR.) (MO./YR.)

**REASON FOR LEAVING** \_\_\_\_\_

If you have had more than 4 jobs in the last 3 years — continue on form 2 titled “10 Year Driving History”

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status?

YES \_\_\_\_\_ NO \_\_\_\_\_

Position desired \_\_\_\_\_ Date you can start \_\_\_\_\_

Have you ever applied to or worked for C.L. Noonan or J.P. Noonan before? YES \_\_\_\_\_ NO \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

EDUCATION	Name and Location of School	No. Years Attended	Did you Graduate ?	Subjects Studied
Grammar School				
High School				
College				
Other				

It is unlawful in the State of 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 prosecution.

"I certify that this application was completed by me, and that all the information on it is true and complete to the best of my knowledge. I understand that if any false information, or misrepresentation is discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform so the company's regulations and I agree that my employment and compensation can be terminated, with or without cause and without notice, at any time, at either my or the company's option. I also understand and agree that the conditions of my employment may be changed, with or without cause, at any time by the company. I understand that no company representative, other than its president, and then only in writing and with signature, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing."

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

\_\_\_\_\_  
Applicant's Signature

### DRIVER NOTIFICATION AND RELEASE

Annually and in connection with my application as a driver (including contract for services) with you, I understand that information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: public record information concerning my driving record, workers' compensation claims from federal, state and other agencies which maintain such records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC.

Print Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ License No: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

(This section is for company use only)

**COMPANY REVIEW COMMENTS:**

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**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Attach copy of current license:

**RELEASE FOR INFORMATION FROM PREVIOUS COMPANY  
ALCOHOL AND CONTROLLED SUBSTANCES TESTING  
SAFETY PERFORMANCE**

**TO:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

Previous Company

\_\_\_\_\_

Number / Street / P.O. Box

City

State

Zip

FAX \_\_\_\_\_

The person identified below has sought to drive for us and is subject to alcohol and controlled substances testing as well as other provisions of the Federal Motor Carrier Safety Regulations. Pursuant to 49 CFR 391.23, we are requesting the results of alcohol and drug testing and Safety Performance History of this individual while in your service for the past three years. The driver has given written consent in the release below.

**PERSON FOR WHOM INFORMATION IS REQUESTED**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Dates of service with you, FROM \_\_\_\_\_ TO: \_\_\_\_\_

**RELEASE**

I HEREBY AUTHORIZE YOU TO RELEASE ALCOHOL AND DRUG TESTING RESULTS AND SAFETY PERFORMANCE FOR THE PAST THREE YEARS TO THE COMPANY NAMED BELOW.

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

**Report of Drug & Alcohol test results requirements.**

**Check Here** \_\_\_ if not subject to Federal testing.

**Alcohol:**

Tested 0.04 BAC or greater: No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Date \_\_\_\_\_

**Controlled Substances:**

Tested positive: No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Date \_\_\_\_\_

**Refusal To Test:**

No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Date \_\_\_\_\_

Report of Safety Performance. List of all accidents in last three years involving the listed driver.

Description:

\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

Circle One:

What type of trailer did he/she operate? Van Reefer Tank Dump  
Was he/she a safe and efficient driver? Yes No  
Was his/her general conduct satisfactory? Yes No  
How did this driver leave? Resigned Discharged Quit without notice  
Is he/she eligible for rehire? Yes No Upon review.

\_\_\_\_\_  
Name of person responding Signature

**PLEASE RETURN THIS INFORMATION TO:**

Name of individual \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_

Please mark envelope CONFIDENTIAL.

**If you prefer to reply by Fax:** (\_\_\_\_\_) \_\_\_\_\_  
**Send information only to:** \_\_\_\_\_

*Use reverse side for comments. Thank you for your cooperation.*