



# Bisson Transportation. Inc.

85 Eisenhower Drive

Westbrook, ME 04092

## Owner Operator Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Full-time, Part-time or Temp: \_\_\_\_\_ Referred By: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Rate of Pay Expected: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  Have you ever been convicted of a misdemeanor? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Current and Previous Employment**

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987, they must also show commercial driver employment for the seven years immediately preceding this year period. §391.21 (B) (10), (11). Attach a separate sheet of paper if necessary.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

If currently employed, may we contact your current supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Required Driver Information

Date of Birth (Month/Day/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

*The U.S. Department of Transportation requires that driver applicants state their date of birth/SS#(\$391.21(b)(2))*

## Driver License Qualifications

*Past three years:*

Licensed State:	License Number:	Class:	Exp. Date:
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Endorsements: \_\_\_\_\_

Licensed State:	License Number:	Class:	Exp. Date:
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Endorsements: \_\_\_\_\_

*If you answer YES to any questions below, please attach a statement with details.*

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has any license, permit or privilege ever been suspended or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## Driver Experience

Ex: Van, Tank, Flat, etc.	Type of Equipment:	Dates (To/From):	Approximate Miles:
Straight Truck:			
Tractor and Semi-Trailer:			
Twin Trailers – LVC's:			
Other:			

List States operated in during the last five (5) years: \_\_\_\_\_

List any special driving courses or training completed: \_\_\_\_\_

List any special driving awards received: \_\_\_\_\_

## Accident Review – Past 3 Years

Accident Dates:	Vehicle Type: Personal or Commercial?	Town and State	Citation Received?:	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

Have you had any traffic convictions in the past three years?  
(not including parking violations) YES  NO

Court:	Location:	Date:	Charge:	Penalty:

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**Driver Regulations**

Were you subject to the Federal Motor Carrier Safety Regulations at previous employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were any of your previous jobs designated as a "safety sensitive function" in any DOT Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever tested positive or refused to test on any pre-employment drug or alcohol tested administered by an employer to which you applied for, but did not obtain, subject to DOT agency drug and alcohol test rules?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____ If YES to above; Did you go to a SAP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Disclaimer and Signature**

*Bisson is an equal opportunity employer and does not discriminate based on any federal, state or locally protected class.*

*This application is not intended and does not create a contract or offer of employment. If hired, employment with the company would be on an at-will basis and could be terminated at the will of either party.*

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that false or misleading information in my application or interview may result in rejection or if hired, disciplinary action, up to and including dismissal.*

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

*Fax all applications to: 207-514-1093*

