

**MATTINGLY PRODUCTS COMPANY, INC**  
**P.O. BOX 105 NORTH ANSON ME 04958**  
**(207) 635-2719**

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

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
                     (Street)                    (City)                    (State)                    (Zip Code)

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 For Past (Street) (City) (State) (Zip Code)  
 Three Yrs.

\_\_\_\_\_ How Long \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

\_\_\_\_\_ How Long? \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

EXPERIENCE AND QUALIFICATIONS-DRIVE

STATE	LICENSE NO.	CLASS	EXPIRATION DATE
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LICENSE \_\_\_\_\_  
 \_\_\_\_\_

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ET)	DATES FROM TO	APPROX. NO. OF MILES (TOTALS)
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STRAIGHT TRUCK \_\_\_\_\_

TRACTOR AND SEMI-TRAILER \_\_\_\_\_

OTHER \_\_\_\_\_

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH ANOTHER SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
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LAST ACCIDENT \_\_\_\_\_

NEXT PREVIOUS \_\_\_\_\_

NEXT PREVIOUS \_\_\_\_\_  
 TRAFFICE CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE LOCATION CHARGE PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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 even been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMEN RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERICENCE FOR THE PAST 10 YEARS BE SHOWN.

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

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

SECOND EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

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

THIRD EMPLOYER:NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

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

WOULD YOU BE WILLING TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREENING? YES \_\_\_\_\_ NO \_\_\_\_\_

WOULD YOU BE WILLING TO A SUBMIT TO A PRE-EMPLOYMENT MEDICAL EXAMINATION? YES \_\_\_ NO \_\_\_

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTIRES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.