Thompson Bros Inc.

1645 PARSONS ROAD
MAPLETON, ME 04757
207-227-6290

EMPLOYMENT APPLICATION

Application Information

Full Name: _____ **Date:** _____
Last First MI

Address: _____
Street Address Apt/Unit #

_____
City State ZIP Code

Phone: _____ **Date of Birth:** _____

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 ☐

If yes, explain: _____

Education

	Name & Location of School	Number of Years Attended	Subjects Studied/Degree
High School			
College			
Trade, Business, or Correspondence School			

General Information

What position are you applying for? _____

Date you can start: _____ **Salary Desired:** _____

Have you ever applied to Thompson Bros Inc. before? Yes ☐ No ☐ **When?** _____

Referred By: _____

How did you hear about us? _____

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.
We are an equal opportunity employer.

Previous Employment

Company: Phone:

Address: Supervisor:

Job Title: Salary:$

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: Phone:

Address: Supervisor:

Job Title: Salary:$

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: Phone:

Address: Supervisor:

Job Title: Salary:$

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Licenses-Skills-Certifications

Licenses/Certifications or OSHA Credentials – Type:_____

License Number:_____ State of Issue:_____ Expiration Date:_____

Skills and Equipment you can operate:_____

U.S. Military Service:_____ Rank:_____

Present Membership in the National Guard or Reserves: _____

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Driving Qualification and Experience (Complete this section only if you are applying for a CDL Position)

Licenses Held:

State:	**License No:**	**Type:**	**Expiration Date:**
State:	**License No:**	**Type:**	**Expiration Date:**
State:	**License No:**	**Type:**	**Expiration Date:**

Equipment Experience:

Equipment Class:	Equipment Type (Van, Flat, Tank, Reefer)	For How Long?	Total Miles (Approx.)
Tractor & Semi & Trailer:			
Tractor w/ Two Trailers:			
Straight Truck:			
Other:			

In what states have you operated in the past three years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where?_____

Why? (Please explain) _____

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past two years? **Yes** ☐ **No** ☐

Accidents and Violations:

Accidents in the Past Three Years (List most recent first – attach additional sheets if needed)

Date:	Injuries?	Fatalities?	Vehicle Type:	Describe
Date:	Injuries?	Fatalities?	Vehicle Type:	Describe
Date:	Injuries?	Fatalities?	Vehicle Type:	Describe

Traffic Convictions in the Past Three Years (No Parking Violations)

Date:	Injuries?	Fatalities?	Vehicle Type:	Describe
Date:	Injuries?	Fatalities?	Vehicle Type:	Describe
Date:	Injuries?	Fatalities?	Vehicle Type:	Describe

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References (Give the name of three persons not related to you, whom you have known at least one year)

Full Name:_____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Full Name:_____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Full Name:_____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Authorization, Disclaimer and Signature

I certify that all the information submitted by me on this application is true and complete. I understand that employment is conditioned upon a background check and if any false information, omissions, or misrepresentations are discovered, my application will be rejected.

If I am employed, my employment will be "At Will" and may be terminated at any time with or without cause and with or without notice. I also understand the terms and conditions of my employment may change at any time. If employed I agree to conform to all Soderberg's rules and regulations. I also agree to submit to any medical examinations and drug tests as deemed appropriate by the company.

I understand that the filling out of this application or the advent of an interview does not imply a promise for employment and does not obligate Soderberg's to hire. Only the President of the Company can or will enter into an employment agreement.

Applicants for positions that require driving a commercial motor vehicle (CMV) at any time will be required to undergo controlled substances and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment. Applicants will also be asked to sign forms for release of information from previous employers where driving a CMV was one of your functions. Failure to sign will prevent this employer from using you as a CMV driver.

Signature: _____ ***Date:*** _____

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