



Requirements: At least 2 years OTR exp., 23 years or older, Clean CDL "A" Haz Mat end.
We are an equal opportunity employer. Subject to drug screen.

Your Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Social Sec. #: _____
Date of Birth: _____
CDL Drivers License #: _____
Exp. Date: _____
Years of Experience: _____
Hazardous Materials Endorsement: Yes No
Ever Convicted of a crime? Yes No
If yes, explain: _____

License ever suspended/revoked? Yes No
If Yes, When and Why? _____
Number of moving violations in the last 3 years? _____
If any what were they? _____
Any accidents in the last 3 years? Yes No
If Yes, at fault? when?, _____
damage amount? _____
Type of equipment operated and # of years each:
Van ___ Tanker ___ Flatbed ___ Other _____

For immediate consideration, complete this form and mail or fax to:
Portland Air Freight
16 Johnson Rd
Portland, Maine 04102
Tel 207.775.3444
Fax 207.775.6306

Important: . I certify that I personally completed this application and that all of the information is true and correct. I authorize Portland Air Freight to conduct a thorough background investigation in accordance with state and federal law and authorize my previous employer to release any information requested by Portland Air Freight and hold them harmless of all liability from the release of said information. I understand DAC Services may provide background reports which may include names and dates of previous employers, reason for termination, work experience, accidents, etc. I further understand that such review may contain public record information concerning my driving record and worker compensation claims, Also in accordance with the provisions of 49 CFR Part 382.413, I hereby authourze and require my previous and/or current employers specifically listed by me on this application to release the results (including any refusal to test) of all drug and alcohol tests taken by me pursuant to the provisions of 49 CFR while in their employment to Portland Air Freight by whatever means is most expedient.

I AUTHORIZE WITHOUT RESERVATION ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.

NOTE THAT BY SUBMITTING THIS APPLICATION YOU ARE ACKNOWLEDGING THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENT(S).

Signature _____ Date _____

Reference Name: _____
Phone #: _____
Current Employer: _____
Position: _____
Dates of employment: From: To: _____
City/State: _____
Phone: _____
Contact: _____

Past employer: _____
Dates of employment: From: To: _____
City/State: _____
Phone: _____
Contact: _____
Why did you leave? _____

Past employer: _____
Dates of employment: From: To: _____
City/State: _____
Phone: _____
Contact: _____
Why did you leave? _____