



**Thank you for your
interest in working for the
Bisson Family of Companies**



Before you take the time to fill out this application for employment, please take a minute to learn a little about how we do business here at Bisson.

Bisson takes pride in our 85 years in business serving the specialized transportation needs of individuals, families and businesses in Maine. To keep our excellent reputation intact, we must carefully make sure that all incoming employees match up well with our corporate culture, or Bisson's "personality".

Any company can copy our services, our rates, our products, or our ideas. Nobody can duplicate our People. Our People are what makes Bisson special.

At Bisson, every single day, for every person we come in contact with, we promise to provide "Service you can Trust from People who Care."

Our people must all be Trustworthy beyond a shadow of a doubt. And, every employee must hold themselves Accountable to maintain Bisson policy and perform their responsibilities completely, in a timely manner and with excellence.

We achieve this by choosing all of our words, actions, inactions, our attitudes and behaviors very carefully. Everything we do must pass the CRISS test.

"C.R.I.S.S." – The Foundation of Success at Bisson

COMPETENCE - Having the skills and tools to do your job correctly.

RESPECT - Earning the respect from, and showing respect for your fellow team members, co-workers, supervisors, subordinates and customers.

INTEGRITY - Doing the right thing by demonstrating Personal Responsibility, Diligence, Honesty, a Commitment to Excellence and Overall Accountability.

STEWARDSHIP - Taking a personal interest in the proper completion of your responsibilities as they relate to your role in the organization...carrying your own weight.

SERVICE - The ability to willingly and cheerfully provide service as required by your co-workers, your supervisors, subordinates, and customers.

If you are sure that you have the desire and willingness to fit into our culture as described above, please fill out this application. We can't wait to talk to you. Thanks for coming by!

"Service you can Trust from People who Care."



Since 1919

Application for Employment

Which location(s) are you applying for? Please check box(es).

- Moving & Storage
76 New Meadows Rd.
West Bath, ME
 I&R Installations
85 Eisenhower Dr.
Westbrook, ME
 Transportation
765 Webster St
Lewiston, ME
 Truck Center
499 Poland Rd.
Auburn, ME
 Yard
SAPPI
Hinckley, ME
 Yard
IP/Verso
Jay, ME
 Yard
NewPage
Rumford, ME

PERSONAL INFORMATION

Name _____ Today's Date _____
First Middle Last

(_____) _____ Address: _____ Zip Code
Phone Street City State

*If at the above address less than three years, list below all residences for the past three years. Attach separate sheet if necessary.

_____ Street _____ City _____ State _____ Zip Code

_____ Street _____ City _____ State _____ Zip Code

GENERAL

Position applying for _____ Temporary _____ Part Time _____ Full Time _____

How did you hear about us? _____ Rate of pay expected? _____

Names of relatives employed at Bisson, if any _____

Have you worked for this company before? YES NO Dates: From _____ To _____
(month/year)

Which location? _____ Position? _____ Reason for leaving _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

REQUIRED

Date of Birth _____ The U.S. Department of Transportation requires that **driver** applicants state their date of birth
(\$391.21(b)(2))
(month/day/year)

Social Security No. _____ - _____ - _____

EMPLOYMENT HISTORY

The U.S. Department of Transportation requires that **driver applications** show all employment for the past three years. Effective July 1987, **drivers** must also show commercial driver employment for the seven years immediately preceding this year period. §391.21 (B) (10), (11)

*****Important*****

Start with **last or current** position, including military experience, and work back. (Attach a separate sheet of paper if necessary). Be sure to include **month and year** for all time frames referenced. If you were unemployed at any time please state the time frame and reason and account for the time between jobs.

1) Current Employer _____ Supervisor's Name _____

Address and Phone # _____ Position Held _____

From _____ To _____ Wages _____ Reason for leaving _____

2) Previous Employer _____ Supervisor's Name _____

Address and Phone # _____ Position Held _____

From _____ To _____ Wages _____ Reason for leaving _____

3) Previous Employer _____ Supervisor's Name _____

Address and Phone # _____ Position Held _____

From _____ To _____ Wages _____ Reason for leaving _____

If you need more space to write in more previous employment information, please check here and use the back of this application.

3 Non-Family References

1) Name _____ Phone Number _____

Address _____

2) Name _____ Phone Number _____

Address _____

3) Name _____ Phone Number _____

Address _____

DRIVERS –

1. Were you subject to the Federal Motor Carrier Safety Regulations when previously employed? YES NO

2. 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 NO

3. Have you every tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? YES NO

4. If yes, did you go to a SAP? YES NO

5. If you are hired by Bisson, will you be working a second job as well? YES NO

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Air Conditioning		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
General Car Repair			Brakes		
Body Work			Cooling System		
Electrical Diagnostic Equipment			Engine Rebuilding		
			Inspections		
Diesel Injection Equipment			Engine Dynamometer		
Electric Welder			Chassis Dynamometer		
Oxyacetylene Welder			Engine Analyzer		
Paint Spray Gun			Tire Service		
Towing			Trailer Repair		

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform experience you can operate (lift truck, etc.) _____

List courses or training in platform work _____

CLERICAL EXPERIENCE & QUALIFICATIONS

List Courses and training in Office Work _____

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience		Formal training (Check)	Years of Experience
Computers			Skills		
Microsoft Office			Accounting		
Other software			Billing		
Office Equipment			Filing		
Calculator / adding machine			Claims		
Photocopier			Cashier		
Switchboard Equipment			Dispatcher		

DRIVER EXPERIENCE & QUALIFICATION

Please answer the questions and be prepared to show proof of age for qualification purposes.

LICENSES

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration date

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 ever been suspended or revoked? YES NO

C Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES NO

If you answered "yes" to A, B, and/or C, please attach a statement giving details.

DRIVING EXPERIENCE (list month and year)

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

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

ACCIDENT REVIEW for past 3 years

(Attach separate sheet if more space is needed. If you have a copy of the accident report, please include with application. If none, write "none".)

Accident Dates	Vehicle driven -- Personal or Commercial Motor Vehicle	Town and State where occurred	Were you cited?
Last			
Next			
Next			

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years, other than parking violations. If none write "none".

Court	Location	Date	Charge	Penalty

HAVE YOU EVER BEEN CONVICTED OF, OR FORFIETED BOND OR COLLATERAL UPON, ANY OF THE FOLLOWING CHARGES. List any convictions on a separate piece of paper, provide conviction date, formal charge, penalty, court and state. *Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.*

- | | | |
|--|-----|----|
| 1. A Felony? | YES | NO |
| 2. A felony, the commission of which involved the use of a motor vehicle? | YES | NO |
| 3. A crime involving the manufacturing, known transportation, knowing possession, sale, or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug? | YES | NO |
| 4. Operating under the influence of alcohol, an amphetamine, narcotic drug, formulation of an amphetamine, or derivative of a narcotic drug? (This includes boats, ATV's, snowmachines and motor vehicles). | YES | NO |
| 5. A misdemeanor? | YES | NO |
| 6. Leaving the scene of an accident that resulted in personal injury or death? | YES | NO |
| 7. Buying or receiving or criminally possessing stolen property? | YES | NO |
| 8. Do you have a current clinical diagnosis of Alcoholism? | YES | NO |

Disclosure and Release for Pre-Employment Reference and Criminal Background Check

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 319.25 and 391.23 of the Federal Motor Carrier Safety Regulations.

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested from DAC services, Tulsa Oklahoma, Individual States and Credit Reporting Agencies.

These reports may contain the following types of information:

- Names and dates of previous employer
- Reason for termination of employment
- Work experience
- Accidents
- Driving records
- Workers compensation claims
- Credit
- Bankruptcy proceedings
- Criminal records from Federal, State and other agencies which maintain such records.
- DAC information concerning previous driving record requests made by others from such state agencies and state provided driving records.

I have the right to make a request to DAC, upon proper identification to request the nature and substance of all information in its file on me at the time of my request, including sources of information; and the recipients 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 and I agree that such information, which DAC has or obtains, and my employment history with you if I am hired or contracted, will be supplied by DAC to other companies which subscribe to DAC services.

I hereby authorize Bisson and/or its agents to investigate and verify, at any time, my background, references, employment record, statements, claims or allegations, and other matters. This may include, but is not limited to a criminal background check and a check on my driving record. I also authorize my former employers or any third party to disclose to Bisson any information related to my suitability for employment, personal or otherwise. I hereby release Bisson, its agents, former employers, and third parties from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

Print Name

Social Security Number

Sign Name

Date



**Bisson Moving and Storage Company
Corporate Headquarters**

76 New Meadows Road,
West Bath, ME 04530
(207) 442-7991
(800) 370-4011
Fax: (207) 442-9647

APPLICANTS -- PLEASE ONLY SIGN THE BOTTTOM WHERE IT IS INDICATED BELOW.

TO: PREVIOUS EMPLOYER

Company Name: _____ Address: _____

In regards to past employment & drug testing, per Federal Carrier Regulations 390 & 391

Name of Applicant _____ Social Security # _____

Position Applied For with our company _____

Reason for Separation: _____ Eligible for Rehire? YES NO

This applicant lists dates of employment with your company as: From: _____ To: _____ Is this correct? YES NO

What type(s) of work did he/she perform? _____

If employed as a driver, please indicate type of equipment driven: T/T _____ Straight Trk _____ Bus _____ Other _____

Was this applicant involved in any accidents in the last 3 years that he/she worked for you? YES NO If so, how many? _____

Date: _____ At Fault Not at Fault City/Town, State where accident occurred: _____

Date: _____ At Fault Not at Fault City/Town, State where accident occurred: _____

Date: _____ At Fault Not at Fault City/Town, State where accident occurred: _____

Number of Injuries: _____

Number of Fatalities: _____

Were Hazardous materials released (other than fuel spilled from the fuel tanks of motor vehicles involved in the accident? Y or N

In the past three years has this employee had:

Any alcohol test results with a concentration of 0.04 or greater? YES NO

Any positive controlled substance tests results? YES NO

Any refusals to be tested? YES NO

Other Comments: _____

Person Supplying Information listed above:

Printed Name _____ Title _____

Signature _____ Date _____

I hereby authorize you to release all the above information concerning my employment and test results. I hereby release you from any and all liability of any type as a result of providing information to the above-mentioned company.

APPLICANT'S SIGNATURE _____ **DATE** _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

_____ Today's Date _____ Signature of Applicant

**FOR OFFICE USE ONLY
APPLICANT, DO NOT WRITE IN THIS SPACE
SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

Applicant Hired? YES NO Date employment begins _____ Date of Birth _____ (Month/day/year)

Wage at start of employment \$ _____ per _____ Location: _____ Department: _____

Is the employee? PT FT TEMPORARY / SEASONAL

IN CASE OF EMERGENCY, NOTIFY _____ Relationship: _____

Address and Phone #: _____

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam						
4. Past Employment						
5. Written Exam*						
6. Road Test*						
7. Policy and Traffic Record*						

*driver applicants only

Signature of Interviewing Officer _____ Date _____

TRANSFERS

From which department and/or location to which department and/or location? _____

Purpose / Reason for transfer: _____ Date transfer effective: _____

TERMINATION OF EMPLOYMENT

Date Termination effective: _____ Job title / location prior to termination: _____

Was the terminated due to: DISMISSAL VOLUNTARILY QUIT OTHER _____

Acting Supervisor Name: _____ Termination report completed and sent to HR? YES NO