



An Equal Opportunity Employer

It is the policy of the Company to provide equal opportunities to all qualified persons without regard to race, creed, religion, sex, sexual orientation, age, national origin, physical or mental disabilities, marital status, veteran status, or any other status or characteristic protected under applicable federal, state or local law. If you have a disability and need assistance in completing the application or in taking any test required for employment, please notify the Human Resources Coordinator who will make appropriate arrangements. We are an equal opportunity employer and encourage disabled applicants.

APPLICATION FOR EMPLOYMENT

DRIVER APPLICANTS ONLY: READ AND SIGN BEFORE SUBMITTING APPLICATION. I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant _____ Date _____

ALL APPLICANTS

Instructions: Please print and furnish complete and accurate information. Applications will be verified. In addition, you may attach a resume detailing your professional, educational and community activities.

Date Available	
Position(s) Applied For	Location
1.	
	Location
2.	

PERSONAL DATA

Email Address				
Last Name	First Name	MI	Social Security Number	Telephone Number Cell: Other:
Physical Address	City	State	Zip Code	
Mailing Address	City	State	Zip Code	

Are you legally eligible for employment in the USA?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	(NOTE: IF HIRED YOU WILL BE REQUIRED TO PROVIDE ACCEPTABLE DOCUMENTATION OF WORK ELIGIBILITY WITHIN YOUR FIRST THREE DAYS OF EMPLOYMENT.)
Are you at least 18 years of age?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Are you on layoff status or subject to recall somewhere?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	

Are you willing to work?

Days	Evenings	Nights	Overtime	Weekends	Holidays
Do you want to work?					
Full-Time		Part-Time	Temporary		

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN GIVEN THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPL YING. Do you believe you are capable of performing the essential functions of the job you are applying for as set forth this job description, with or without reasonable accommodation?

YES NO

(OPTIONAL) List any skills or abilities you have which are pertinent to the position, including hobbies, special interests and memberships in clubs or organizations.

Personal References

(List at least 3 persons to whom you are not related and by whom you have not been employed. These people should have known you for several years.)

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Occupation</u>

Education – Check highest grade completed																
High School					Technical				College				Graduate			
9	10	11	12	GED	1	2	3	4	1	2	3	4	1	2	3	4

Name	Location	Course-Degree	G.P. A.
High School or G.E.D.			
College			
Graduate School			
Technical / Other			

Employment
 The U.S. Department of Transportation requires that driver applicants, for DOT-governed positions, show all employment for the past three years, and commercial driver employment for the seven years immediately preceding this three-year period. §391.21 (b)(10), (11)

Start with LAST OR CURRENT position including military and volunteer experience and work back. (Attach a separate sheet of paper if necessary.)

Current Employer: Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From MO/YR: _____ To MO/ YR: _____

Reason for leaving: _____ Salary: _____

Previous Employer: Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From MO/YR: _____ To MO/ YR: _____

Reason for leaving: _____ Salary: _____

Previous Employer: Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From MO/YR: _____ To MO/ YR: _____

Reason for leaving: _____ Salary: _____

Previous Employer: Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From MO/YR: _____ To MO/ YR: _____

Reason for leaving: _____ Salary: _____

May we contact your present employer?		Yes		No
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Please explain any gaps in your employment history					
From MO/YR	To MO/YR	Reason	From MO/YR	To MO/YR	Reason

Military Service Have you ever served in the U.S. Armed Forces: Yes No

Branch of Service: _____ Date Served From: _____ MO/YR To: _____ MO/YR

Rank at Entry: _____ Rank at Discharge: _____ List Special Training: _____

Clerical Experience

List courses and training in office work: _____

Indicate Training and Experience in Following

	Formal Training		Years of Experience	Indicate Equipment Type, Software, Etc.
Keyboarding / Typing	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Cashier / Cash Register	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
10-Key Calculator	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Computers / Software	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Accounts Receivable / Collections	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Social Media / Website Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Billing	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Filing	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Interline / Transportation Payables	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

General

Have you ever been bonded? Yes No Name of Bonding Company: _____

Have you ever been convicted of a felony or released from incarceration within the last 7 years?
(If yes, please explain on a separate sheet of paper. A criminal conviction will not necessarily preclude you from employment with the Company.)

		Yes		No
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Have you ever worked for this company before?

		Yes		No
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If yes, what position? _____ From: _____ MO/YR To: _____ MO/YR

Reason for leaving? _____

Names of any relatives employed by this company: _____

This company complies with all state laws governing the employment of relatives. Normally, employment of a relative will not preclude your employment. This information may assist us in avoiding conflicts of interest and making appropriate job placement.

Platform / Dock / Warehouse -- Experience

List types of experience and number of years each:

List equipment you can operate (Lift Truck, etc.):

List courses or training:

READ CAREFULLY BEFORE SIGNING - I authorize the investigation of all statements contained in this application, including a background check that may include a criminal check, a driver history check, former employment history, educational records and similar background information. I agree to complete any additional forms as are necessary to complete this investigation. I authorize all former employers and the references listed above to give the Company any and all information concerning my previous employment and release from liability any persons providing such information.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or any other documents) will result in termination of consideration of this application for employment or immediate termination of employment, regardless of when or how discovered.

I represent and warrant that I am free to enter into employment with the Company and that my employment with the Company or performance of job duties for the Company will not violate the rights, including contractual rights, of any third party.

IF EMPLOYMENT IS OFFERED, we are a drug-free work place. We may, as a condition of initial or continued employment, require drug and alcohol testing. (NOTE TO APPLICANT: This company complies with all state and federal laws regarding drug and alcohol testing.)

This application is not intended to create any contractual rights between the applicant and the Company. Employment of every employee is at-will and employment can be terminated by either the company or the employee at any time without cause.

This at-will employment relationship cannot be altered by oral or written representations by anyone in the company, except by a written executed agreement by the President or by written collective bargaining agreement.

We do not maintain a pool of applicants for future use, but accept applications for a particular position only. Therefore, if you were not selected for the position for which you have applied, you will need to monitor job openings and submit an additional application once another position becomes available.

SIGNATURE:

DATE:

For Drivers Only: Date of last Department of Transportation prescribed physical exam:

DATE:

ATTENTION- DRIVER APPLICANTS MUST CONTINUE TO NEXT SECTION

Licenses

<u>State</u>	<u>License Number</u>	<u>Type (and endorsements or restrictions)</u>	<u>Exp. Date</u>
Driver's Licenses held in the last 3 years must be shown			

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
B. Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
C. Have you ever been disqualified for violations of the federal motor carrier safety regulations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

IF ADDITIONAL SPACE IS NECESSARY FOR ANY QUESTION, ATTACH A SEPARATE SHEET OF PAPER.

Driving Experience

<u>Class of Equipment</u>	<u>Type of Equipment (Van, Tank, Flat, etc.)</u>	<u>Date From</u>	<u>Date To</u>	<u>Approx. Total Miles</u>
Straight Truck				
Tractor & Semi-Trailer				
Twin-Trailers				
Other				

List states operated in during last five years

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

List safe driving awards held and who awards were presented by

Accident Review for Past Three Years

	<u>Date</u>	<u>Nature of Accident (Head-On, Rear End, Jack Knife)</u>	<u>Fatalities</u>	<u>Injuries</u>
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions & Forfeitures for Past Five Years. (Exclude Parking Violations)

Location

Date

Charge

Penalty

DRIVER APPLICANT MUST READ AND SIGN

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record; Whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

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

(GA & KS) - I understand that, as a condition of employment, I will obtain from the State Motor Vehicle Agency, within my probationary period, and without cost to the employer, a copy of my motor vehicle violations record.

(MA) - "An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior, arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioners of probation my .1 record" with respect to any inquiry relative to prior arrest, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."

(MD)- "AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100."

Signature

(PA) - I authorize my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Records

I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the company or myself.

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

This application is not intended to create any contractual rights between the applicant and the company. Employment of every employee is at-will and employment can be terminated by either the company, or the employee at any time without cause. This at-will employment relationship cannot be altered by oral or written representations by anyone in the company except by a written agreement- executed by the President or by written collective bargaining agreement.

Date

Applicants Signature