

COMPANY POLICY

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, gender, national origin, sexual orientation, age, disability which can be reasonably accommodated without undue hardship, marital, domestic partnership or civil union status, veteran status, or any other classification protected by law. **NO QUESTION SHALL BE USED FOR DISCRIMINATORY PURPOSES.** INSTRUCTIONS TO APPLICANT: DO NOT LEAVE QUESTIONS UNANSWERED. **UNANSWERED QUESTIONS MAY DELAY OR DISQUALIFY AN APPLICANT FROM FURTHER PROCESSING OR CONSIDERATION.**

Position applied for: _____ Location _____ Email Address(optional) _____ Today's Date _____

Applicant's Full Name: _____
 (Last) (First) (Middle)

Phone # (_____) - _____ Cell Phone (optional) # (_____) - _____

Present Address: _____ How Long ? _____
 (Street) (City) (State) (Zip)

Prior Address: _____ How Long ? _____
 (Street) (City) (State) (Zip)

How did you learn about this position ? Newspaper ad in: _____ Internet / Web site: _____
 Referral / Name of person : _____ Is this a Eastern employee ? Yes No
 Building Sign Truck Sign Walk-in Other: _____

What shift do you prefer: <input type="checkbox"/> 1st shift <input type="checkbox"/> 2nd shift <input type="checkbox"/> 3rd shift <input type="checkbox"/> No preference			Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Do you have a reliable means of getting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you willing to work over 8 hours as needed including week- ends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to travel as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you served in the US Military? If yes give branch _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you perform the essential functions of the job with or without reasonable accommodation? Answer this question only after you have reviewed the requirements of the job.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been employed by NEMF or Eastern Freightways or Carrier Industries in the past? (if yes include detail in history below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been disciplined for any reason by any of your employers during the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, detail below the nature of the discipline: _____		
Are you a citizen of, or are you authorized to work, in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Proof of citizenship or authorization to work will be required as a condition of hire.		
Do you have any relatives (including domestic partner/ significant other) currently employed by the company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes whom _____ (this information is collected to determine if a conflict of interest would exist)		
During your last year of employment, how many days of work have you missed? Do not include absences due to a disability, workers' compensation or federal or state medical leave laws (do not include lateness): <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-20 <input type="checkbox"/> 21 & over					
During your last year of employment, how many days were you late for work? Do not include absences due to a disability, workers' compensation or federal or state medical leave laws: <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-20 <input type="checkbox"/> 21 & over					

Record of Education

High School _____ (Name) (City & State) (Grades Completed)
Business or Trade School _____
College _____

Check if you have experience on the following equipment and / or computer software

<input type="checkbox"/> Windows <input type="checkbox"/> Excel <input type="checkbox"/> Lotus <input type="checkbox"/> Word <input type="checkbox"/> Internet <input type="checkbox"/> List Other Trucking software / on board systems you have experience with: _____

EXPERIENCE & QUALIFICATIONS

Employment History : Start with the most recent position & include all employers for the LAST TEN YEARS. List ALL gaps in employment including "unemployed" periods. DO NOT WRITE "SEE ATTACHED RESUME". DONOT WRITE "PERSONAL" AS A REASON FOR LEAVING A PRIOR EMPLOYER. COMPLETE ALL INFORMATION BELOW

Current or most recent job:

Employer's Name _____ Phone () _____ Supervisor _____
 Address _____ City _____ ST. _____ Zip _____
 Position _____ Employed from ____ / ____ / ____ to ____ / ____ / ____ Ending Salary _____
 Reason for leaving _____ (list at least 10 years of employment including gaps of unemployment)

Job prior to the one above:

Employer's Name _____ Phone () _____ Supervisor _____
 Address _____ City _____ ST. _____ Zip _____
 Position _____ Employed from ____ / ____ / ____ to ____ / ____ / ____ Ending Salary _____
 Reason for leaving _____ (list at least 10 years of employment including gaps of unemployment)

Job prior to the one above:

Employer's Name _____ Phone () _____ Supervisor _____
 Address _____ City _____ ST. _____ Zip _____
 Position _____ Employed from ____ / ____ / ____ to ____ / ____ / ____ Ending Salary _____
 Reason for leaving _____ (list at least 10 years of employment including gaps of unemployment)

Job prior to the one above:

Employer's Name _____ Phone () _____ Supervisor _____
 Address _____ City _____ ST. _____ Zip _____
 Position _____ Employed from ____ / ____ / ____ to ____ / ____ / ____ Ending Salary _____
 Reason for leaving _____ (list at least 10 years of employment including gaps of unemployment)

Job prior to the one above:

Employer's Name _____ Phone () _____ Supervisor _____
 Address _____ City _____ ST. _____ Zip _____
 Position _____ Employed from ____ / ____ / ____ to ____ / ____ / ____ Ending Salary _____
 Reason for leaving _____ (list at least 10 years of employment including gaps of unemployment)

Job prior to the one above:

Employer's Name _____ Phone () _____ Supervisor _____
 Address _____ City _____ ST. _____ Zip _____
 Position _____ Employed from ____ / ____ / ____ to ____ / ____ / ____ Ending Salary _____
 Reason for leaving _____ (list at least 10 years of employment including gaps of unemployment)

Personal References

List below three personal references (other than relatives) who have known you for the past five (5) or more years.

Name _____	Address (Street, City, State, Zip) _____	Number of Years Acquainted _____	Occupation _____ () _____	Phone _____
Name _____	Address (Street, City, State, Zip) _____	Number of Years Acquainted _____	Occupation _____ () _____	Phone _____
Name _____	Address (Street, City, State, Zip) _____	Number of Years Acquainted _____	Occupation _____ () _____	Phone _____

“Notice to Applicants in Maryland: **UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**”

“Notice to Applicants in Massachusetts: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.”

APPLICANT ACKNOWLEDGMENT (To be read and signed by all applicants)

1. I certify that this application was completed by me, and that all of the information in it is true and complete to the best of my knowledge. I understand that any misrepresentation of facts or any false or misleading information provided by me in my application or during the interview process may result in the Company's refusal to hire me, or if a conditional offer of employment was already made, or already hired, may result in immediate termination of my employment. I also understand if a post hire drug test is positive I will be terminated.
2. I understand that any offer of employment is contingent upon successful completion of an authorized background check, and pre-employment drug and alcohol test. I understand that the Company may contact any prior employer or company with which I previously contracted for the purposes of investigating my background. I authorize all persons, prior employers, schools, companies, corporations, law enforcement agencies and credit bureaus to release any information concerning my background. I hereby release them from any and all claims of liability in law and in equity that may arise out of furnishing such information to the Company or any authorized agent of the Company.
3. I understand that nothing in this application or any other Company document or communication (written or oral), or an acceptance of employment constitutes an employment contract between the Company and me, and that should I be hired, my employment would be at will for no fixed duration, and could be terminated by the Company or by me at any time, with or without cause or notice. I understand that no oral or written statement to the contrary shall change this relationship, or should be relied upon by me.
4. I agree to submit to any required drug / alcohol testing and/or physical examinations mandated by company policy and refusal may result in termination of employment.
5. I warrant that I am not party to a non-compete or confidentiality agreement and that there is no contractual, legal or otherwise restriction that will in any way interfere in your performing your assigned position with the company.
6. I understand this application for employment shall be active for a period of time not to exceed 30 days, and if I wish to be considered for employment beyond this period, I must inquire as to whether applications are being accepted at that time

Date

X

Applicant's Signature