

**DO NOT COMPLETE THIS APPLICATION IF YOU ARE APPLYING FOR A DRIVER JOB - ASK FOR A DRIVER APPLICATION****COMPANY POLICY**

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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 NEMF employee ?  Yes  No  
 Building Sign  Truck Sign  Walk-in  Other: \_\_\_\_\_

What shift do you prefer: <input type="checkbox"/> 1 <sup>st</sup> shift <input type="checkbox"/> 2 <sup>nd</sup> shift <input type="checkbox"/> 3 <sup>rd</sup> 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**

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

**Record of Convictions**

**READ CAREFULLY:** A conviction record will not necessarily bar an applicant from employment. Factors such as relation to the job, age and time of offense, seriousness, nature of the violation(s) and rehabilitation will be taken into account. List **ALL** criminal convictions. DO NOT list convictions that have been expunged, sealed, discharged, or otherwise cleared from your record. **MASSACHUSETTS APPLICANTS ONLY:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS BELOW SEEKING CRIMINAL RECORD INFORMATION - THIS MUST BE PROVIDED ONLY AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN MADE

**IF NONE - WRITE "NONE"**

DATE:	TYPE OF CONVICTION:	LOCATION: CITY / COUNTY / STATE	SENTENCE
_____	_____	_____	_____
_____	_____	_____	_____

**IMPORTANT:** FAILURE TO LIST INFORMATION WILL RESULT IN TERMINATION FOR FALSE APPLICATION - BE SURE TO LIST ALL INFORMATION REGARDLESS OF AGE**Check if you have experience on the following equipment and / or computer software**
 Windows  Excel  Lotus  Word  Internet  List Other Trucking software / on board systems you have experience with: \_\_\_\_\_

## EXPERIENCE &amp; 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