

ONLY COMPLETE THIS APPLICATION IF APPLYING FOR A DRIVER POSITION -IF APPLYING FOR ANOTHER POSITION ASK FOR NON-DRIVER APPLICATION (FORM rev.11-2014)

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 (optional) _____ Today's Date _____

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

Phone # (_____) - _____ Cell # (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 company employee ? Yes No
 Building Sign Truck Sign Walk-in Other: _____

What shift do you prefer: <input type="checkbox"/> 1 st shift <input type="checkbox"/> 2 nd shift <input type="checkbox"/> 3 rd 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 legally eligible to work, in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	You will be required to provide proof of identity and employment eligibility at the time 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 _____		

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

List the States in which you have driven regularly: _____

What awards, if any, do you hold for safe driving? _____

Licenses: List all unexpired drivers licenses and/or permits which have been issued to you.

State	License Number	Class or Type - List all Endorsements	Expiration Date

Traffic Violation Convictions: List ALL traffic violation convictions (other than parking).

Location / State	Date	Charge	Penalty / Points – Suspension, etc.

Use additional paper if necessary

Accidents: List ALL accidents by car or truck, chargeable or non-chargeable, in which you were involved.

Date	Chargeable ? <input type="checkbox"/> Yes <input type="checkbox"/> No	City & State	Type of Accident	Personal Injury	Fatalities
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Use additional paper if necessary

Convictions Involving the Use of Motor Vehicle:

Have you ever been convicted of, or forfeited bond or collateral for any of the following offenses committed after December 31, 1970?

1. A felony involving the use of a motor vehicle Yes No
2. A crime involving the manufacturing, knowing 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
3. Operation of a motor vehicle under the influence of alcohol, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug? Yes No
4. Leaving the scene of an accident if the accident resulted in personal injury or death? Yes No
5. Any other motor vehicle law violations, INCLUDE ALL CARELESS – RECKLESS DRIVING VIOLATIONS Yes No
6. Have you ever had any license to operate a motor vehicle denied, revoked or suspended? Yes No

If the answer to any of the above is YES, explain below in detail, give dates, etc;

Do you use narcotics, amphetamines, or other controlled substances ? Yes No

ALCOHOL & DRUG TEST STATEMENT:

As per section 40.25(j) have you 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. Yes No

If you answered yes, can you provide/ obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes No

Driving / Equipment Experience:

Class of Equipment	Type of Equipment Van / Tank / Flat, etc.	Dates From	Dates To	Approximate Number of Total Miles
Straight Truck				
Tractor & Semi Trailer				
Tractor w/2 Trailers				
Other				

MOTOR VEHICLE DRIVER CERTIFICATION: I certify that the above is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted, as well as accidents, criminal convictions, etc. I further understand failure to list such items will be considered a false application.

_____ **X** _____
 Date of Certification Driver's Signature

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)
If a driving position, list all vehicles you operated: _____
WERE YOU SUBJECT TO THE FMCSR'S (DOT REGULATIONS) ? YES NO
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING ? YES NO

Job prior to the one above:

Employer's Name _____ Phone () _____ Supervisor _____
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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 _____
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“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.”

DRIVER APPLICANT ACKNOWLEDGMENT (To be read and signed by all driver 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 acknowledge that the Company is subject to Department of Transportation regulations regarding drug and alcohol testing and agree to submit to any required testing and/or physical examinations mandated by company policy, as well as these regulations or other applicable federal or state law.
5. I agree to furnish such information and complete such examinations as may be required to complete my qualifications file.
6. 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.
7. 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 _____
Driver Applicant's Signature

