

# Eastern Freight Ways

212 Black Horse Ln., North Brunswick, NJ 08902 Fax 732-940-7211

**DRIVER** Application for Employment

"On the Ball"

COMPLETE THIS APPLICATION IF APPLYING FOR A DRIVER POSITION ONLY – OTHERWISE, USE THE NONDRIVER 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 (optional) \_\_\_\_\_ Today's Date \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (Last) (First) (Middle)

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (optional) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Required for Driving record)

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 <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 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 _____		

### 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 & 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 ?	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:**

<p><b>Have you ever been convicted of, or forfeited bond or collateral for any of the following offenses committed after December 31, 1970?</b></p> <p>1. A felony involving the use of a motor vehicle <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>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? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>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? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>4. Leaving the scene of an accident if the accident resulted in personal injury or death? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>5. Any other motor vehicle law violations, INCLUDE ALL CARELESS – RECKLESS DRIVING VIOLATIONS <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>6. Have you ever had any license to operate a motor vehicle denied, revoked or suspended? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><b>If the answer to any of the above is YES, explain below in detail, give dates, etc;</b></p> <p>_____</p>	
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**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		Approximate Number of Total Miles
		From	To	
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**  
\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date of Certification

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

**CONSENT AND DISCLOSURE FOR THE FAIR CREDIT REPORTING ACT (FCRA)**

I understand that the Company will utilize the services of a background check company as part of the procedure for processing my application for employment. I also understand if my application is granted, the Company may obtain further information through subsequent investigations, so as to update, renew or extend my employment. I understand a consumer reporting agency(s) may include obtaining information regarding, among other items, my credit background, references, character, driving record, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment and liens, subject to state and federal law. The investigation also may include obtaining information relating to criminal convictions without any time limitations, subject to state and federal law. In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or whom may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the Company receives my request or five days after the investigative consumer report was requested whichever is later.

**PROSPECTIVE DRIVER DUE PROCESS RIGHTS**

**You (as a prospective employee) have the following due process rights regarding the investigative information that will be provided to this employer:**

- 1.) The right to review information provided by previous employers.
- 2.) The right to have errors in the information corrected by previous employers and for that previous employer to re-send the corrected information to the prospective employer,
- 3.) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

If you wish to review previous employer-provided investigative information, you must make a request, in writing, to this employer any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. If you choose to make this request, this prospective employer must provide this information within 5 business days of receiving the written request or within 5 business days of receiving the information from the previous employer. If you do not arrange to pick up or receive the requested records within 30 days of this employer making the information available, you are considered to have waived your request to review the records. If you wish to request correction to erroneous information of records received from a previous employer, you must send the request for the correction to the previous employer that provided the records to this prospective employer.

**List any other previous residences for the past 7 years below (starting with the most current – use additional paper if necessary):**

Applicant's Full Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 ( Last ) ( First ) ( Middle )

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Required for Motor Vehicle record)

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

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

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

**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

**X**  
 \_\_\_\_\_  
 Date

Driver Applicant's Signature