

"On the Ball"

COMPLETE THIS APPLICATION IF APPLYING FOR A NONDRIVER POSITION ONLY - OTHERWISE, USE THE DRIVER APPLICATION

**COMPANY POLICY**

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Our policy prohibits discrimination based on race, color, sex, age, religion, national origin, sexual preference or orientation, handicap (which can reasonably be accommodated), union affiliation, veteran or marital status, or any other basis which is proscribed by applicable federal or state law. **NO QUESTION SHALL BE USED FOR DISCRIMINATORY PURPOSES.** INSTRUCTIONS TO APPLICANT: Please print answers to EVERY QUESTION. If the answer to any question is "no," check the proper box or write "no". **DO NOT LEAVE QUESTIONS UNANSWERED. UNANSWERED QUESTIONS MAY DISQUALIFY AN APPLICANT FROM FURTHER CONSIDERATION.**

Position applied for: \_\_\_\_\_ Location \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

**List below the names and telephone numbers of two people to be contacted in the event of an emergency:**

Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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"/> 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?	<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:** List **ALL** criminal convictions which have not been cleared from your record or sealed with the Commissioner of Probation. (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.) **IF NONE - WRITE NONE** (Massachusetts's applicants: should not include misdemeanor convictions more than five years old.)

\_\_\_\_\_  
 \_\_\_\_\_

**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

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

**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 APPLICANT 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):**

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

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

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

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

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

**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 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 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 in an offer and/or acceptance of employment constitutes an employment contract between the Company and me, and that should I be hired, my employment would be for no fixed duration, and could be terminated by the Company or by me at any time, with or without cause or notice.
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. You warrant that you are 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.

\_\_\_\_\_  
 Date Applicant's Signature