



EMPLOYMENT APPLICATION

In compliance with Federal and State equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, gender identity, or any other protected group status.

TO BE READ AND SIGNED BY THE APPLICANT

I authorize Northeast Transport, Inc. to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Northeast transport, Inc.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature of applicant

Date

Applicants Name, Please Print

PERSONAL INFORMATION

This application is to be completed by the applicant in his or her own handwriting.
A CURRENT DRIVING RECORD MUST ACCOMPANY APPLICATIONS FOR DRIVING POSITIONS. Incomplete applications will not be accepted.

NAME: _____ SS# _____

ADDRESS: _____

Street

City/State

Zip

TELEPHONE: _____ Date of Birth: _____

If you have lived at the above address for less than 3 years you must furnish all addresses for which you have lived for the 3 preceding years on the back of this page. Please list your street address, city and state.

LICENSE #: _____ ISSUING STATE: _____

CLASS: _____ EXPIRATION DATE OF LICENSE: _____

Please list the issuing State, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you in the space provided below.

LICENSE# _____ ISSUING STATE: _____ EXP DATE: _____

LICENSE# _____ ISSUING STATE: _____ EXP DATE: _____

EDUCATION: (High School, Technical School, Driving School, College, etc.)

DRIVING EXPERIENCES: (Please circle class and type of equipment driven.)

Straight Truck

Twin Trailers

Van

Reefer

Ocean Containers

Tractor and Semi-Trailer

Flat

Tank

Other; please list:

PREVIOUS EXPERIENCE LAST TEN YEARS; Please list most recent (current) employer first, second most recent, etc.

Employers Name & Address: _____

Contact Person _____

Phone Number: _____ From: _____ To: _____

Duties: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes ___ No ___

Employers Name & Address: _____

Contact Person _____

Phone Number: _____ From: _____ To: _____

Duties: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes ___ No ___

Employers Name & Address: _____

Contact Person _____

Phone Number: _____ From: _____ To: _____

Duties: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes ___ No ___

Employers Name & Address: _____

Contact Person _____

Phone Number: _____ From: _____ To: _____

Duties: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes ___ No ___

Employers Name & Address: _____

Contact Person _____

Phone Number: _____ From: _____ To: _____

Duties: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes ___ No ___

Employers Name & Address: _____

Contact Person _____

Phone Number: _____ From: _____ To: _____

Duties: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety –sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes ___ No ___

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date of this application. If none, please write NONE.

Date	Charge	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you. If none, please write NONE.

Please list all accidents for the past three years and give a brief description. If there were injuries or fatalities, give information; if none, please write NONE.

Date	Brief Description	Injury?	Fatality?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a felony? YES _____ NO _____

Do you have any mental or physical condition we should be aware of?
YES _____ NO _____ If yes, please explain:

Have you served in the military? YES _____ NO _____

If yes, were you honorably discharged? YES _____ NO _____

Have you been convicted of any crime involving the use or possession of drugs or hypodermic syringes? YES _____ NO _____

May we contact your former employers? YES _____ NO _____
If no, which one or ones should we not contact?

What salary do you require? _____

When would you be available to start work? _____

REFERENCES: (EXCLUDING RELATIVES AND FORMER EMPLOYERS)

Please include name, address and telephone number.

1. _____
2. _____
3. _____
4. _____