

APPLICATION FOR EMPLOYMENT

Application for:
ADMINISTRATION / DOCK WORK / SUPERVISION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, or non-job related disability.

ANSWER ALL QUESTIONS - PLEASE PRINT

Date of application: _____

Position(s) applied for: _____

Name _____ Social Security Number _____
Last First Middle

Address _____
Street City
State Zip Telephone Number _____

| | | | | |
|----------------------------------|--------|------|-----|-----------------|
| Address for the past three years | Street | City | Zip | How Long? _____ |
| | Street | City | Zip | How Long? _____ |
| | Street | City | Zip | How Long? _____ |

Do you have the legal right to work in the United States? _____

Date of Birth: ____ / ____ / ____ Can you provide proof of age? _____

Have you worked for this Company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes ___ No ___

If yes, explain if you wish _____

EMPLOYMENT HISTORY

| EMPLOYER | | | DATE | |
|----------------|-------|--------------|--------------------|------------------|
| Name | | | from Mo Yr | to Mo Yr |
| Address | | | Position Held | |
| City | State | Zip | Salary/Wage | |
| Contact Person | | Phone Number | Reason for Leaving | |

| EMPLOYER | | | DATE | |
|----------------|-------|--------------|--------------------|------------------|
| Name | | | from Mo Yr | to Mo Yr |
| Address | | | Position Held | |
| City | State | Zip | Salary/Wage | |
| Contact Person | | Phone Number | Reason for Leaving | |

| EMPLOYER | | | DATE | |
|----------------|-------|--------------|--------------------|------------------|
| Name | | | from Mo Yr | to Mo Yr |
| Address | | | Position Held | |
| City | State | Zip | Salary/Wage | |
| Contact Person | | Phone Number | Reason for Leaving | |

| EMPLOYER | | | DATE | |
|----------------|-------|--------------|--------------------|------------------|
| Name | | | from Mo Yr | to Mo Yr |
| Address | | | Position Held | |
| City | State | Zip | Salary/Wage | |
| Contact Person | | Phone Number | Reason for Leaving | |

| EMPLOYER | | | DATE | |
|----------------|-------|--------------|--------------------|------------------|
| Name | | | from Mo Yr | to Mo Yr |
| Address | | | Position Held | |
| City | State | Zip | Salary/Wage | |
| Contact Person | | Phone Number | Reason for Leaving | |

| EMPLOYER | | | DATE | |
|----------------|-------|--------------|--------------------|------------------|
| Name | | | from Mo Yr | to Mo Yr |
| Address | | | Position Held | |
| City | State | Zip | Salary/Wage | |
| Contact Person | | Phone Number | Reason for Leaving | |

EXPERIENCE AND QUALIFICATIONS - OTHER

Application for:
ADMINISTRATION / DOCK WORK / SUPERVISION

Show any trucking, transportation or other experience that may help in your work for this company.

List courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

EDUCATION

Circle highest grade completed 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Name of last school attended _____

Answer each of the following questions by checking either Yes or No.

- A. Yes _____ No _____ Have you ever been denied a license, permit or privilege to operate a motor vehicle?
- B. Yes _____ No _____ Have you ever had any license, permit or privilege suspended or revoked?
- C. Yes _____ No _____ Have you ever been disqualified to drive by Federal Regulations?
- D. Yes _____ No _____ Have you ever been refused liability insurance?
- E. Yes _____ No _____ Have you ever been convicted for driving while under the influence of alcohol or drugs?
- F. Yes _____ No _____ Have you ever been convicted for possession, sale or use of a narcotic drug?
- G. Yes _____ No _____ Have you ever been convicted of a misdemeanor?
- H. Yes _____ No _____ Have you ever been convicted of a felony?

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you 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 the Company.

Date

Applicant's Signature

INQUIRY TO PAST EMPLOYERS

FROM - Prospective Employer

TO - Previous Employer

Company _____

Company _____

Individual _____

Individual _____

Street _____

Street _____

City, State and Zip Code Hanover MD 21076

City, State and Zip Code _____

Personnel Manager:

The person named below has applied to this Company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry regarding this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and it agents) for information submitted in response to this inquiry. Thank you.

Name of applicant: _____

Social Security #: _____ Position applied for: _____

1. This applicant lists dates of employment with your firm from: _____ to: _____. Is this correct? Yes ___ No ___
If no please explain: _____
2. What kind(s) of work did he/she do? Driver ___ Dock ___ Office ___ Shop ___
Other (specify) _____
3. If employed as a driver please indicate type of equipment driven. Tractor/Trl ___ Straight Trk ___ Doubles ___ Bus ___
Other (specify) _____
4. Number of reportable accidents _____. Number of accidents in which applicant was ticketed _____. Number of accidents in which the applicant was at fault _____, please explain _____
Date of each accident _____
5. To your knowledge was this person's chauffeur/operator's license suspended while in your employ? Yes ___ No ___
If so please explain: _____
6. *Please respond only if checked here _____. Was this person bonded while with your company? Yes ___ No ___
If so were there any circumstances that were reported to the bonding company? _____
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? _____
If so please explain: _____
8. Did the applicant pose either repeated and/or severe disciplinary problems? Yes ___ No ___
If so please explain: _____
9. Why did this employee leave your company? Resigned ___ Discharged ___ Laid off ___
10. Would you re-employ this person? Yes ___ No ___
Please explain: _____
11. Remarks: _____

Completed by: _____

Date: _____

(Detach here for your files)

| | |
|---|---------------------|
| Former Employer | Date |
| <p>I hereby authorize you to release all information concerning my employment including oral assessments of my job performance, ability and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.</p> | |
| Applicant's Signature | Witness's Signature |