

CARRIER INDUSTRIES, Inc.

110 Merritt Blvd., Fishkill, NY

145 Talmadge Road, Edison, NJ

DRIVER Application for Employment

466 Division Street, Pawtucket, RI

ONLY COMPLETE THIS APPLICATION IF APPLYING FOR A DRIVER POSITION - IF APPLYING FOR ANOTHER POSITION ASK FOR NON-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 # (____) _____ - _____ Date of Birth: ____ / ____ / ____ (Required for Motor Vehicle record)

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 NEMF 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?	<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.)

DATE: _____ TYPE OF CONVICTION: _____ LOCATION: CITY / 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

<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 ?	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>Have you ever been convicted of, or forfeited bond or collateral for any of the following offenses committed after December 31, 1970?</p> <p>1. A felony involving the use of a motor vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Leaving the scene of an accident if the accident resulted in personal injury or death? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Any other motor vehicle law violations, INCLUDE ALL CARELESS – WRECKLESS DRIVING VIOLATIONS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever had any license to operate a motor vehicle denied, revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to any of the above is YES, explain below in detail, give dates, etc;</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 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.

Date of Certification X _____
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 _____
Address _____ City _____ ST. _____ Zip _____
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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) _____	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 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):

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 ? _____
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(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 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 **X** _____
Driver Applicant's Signature