



159 Barnstead Road
Pittsfield, NH 03263
(603) 435-7989 Fax: (603) 435-7950
www.neearth.com

EMPLOYMENT APPLICATION

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability, sexual orientation, or any other class protected bylaw.

General Information

Name: _____ Today's Date: _____
Date of Birth: _____
Telephone No. () _____
Position desired: _____
Current Address: _____
Applying for a CDL position? Yes No
Salary/wages expected? \$ _____

Have you lived at this address for 3 or more years: Yes No
If no, please list address for the past 3 years: _____
(Please list most recent first) _____

Do you have a valid driver's license? Yes No # _____ State _____ Exp Date: _____
Is it a commercial driver's license (CDL)? Yes No A B C
Have you held a license in another state? Yes No # _____ State _____
Do you own your own vehicle? Yes No
If no, do you have reliable transportation? Yes No
Have you completed the OSHA course and obtained a 10-Hour OSHA card? Yes No
Do you have a Massachusetts Hoisting/Hydraulic License? Yes No Grade of License: _____

In Case of Emergency, Contact:
Name: _____ Relationship: _____
Address: _____ Telephone No. () _____

Have you ever been employed by this company? Yes No
If yes, Dates employed: _____ to _____
Position held: _____
Rate of pay: _____
Reason for leaving: _____

Are you employed now? Yes No
If not, how long since your last employment? _____
Who referred you to our company or how did you hear about us? _____

References

Please provide (3) personal references (persons who are not related to you) that have known you for at least 1 year.

| Name | Address | Telephone No. | Relationship |
|------|---------|---------------|--------------|
| | | | |
| | | | |
| | | | |

Are you legally authorized to work in the U.S.? Yes No

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

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: _____

This company does not discriminate on the basis of physical or mental handicap.

Are you now receiving compensation for occupational injury or illness? Yes No

If yes, please explain: _____

Occupational injury or illness is not a bar to employment - all circumstances will be considered.

Have you ever been convicted of a crime that has not been annulled by a court? Yes No

If yes, please explain: _____

Conviction of a crime is not a bar to employment - all circumstances will be considered.

Have you ever failed a pre-employment drug or alcohol test for an employer with whom you never obtained employment?

Yes No

Education/Skills

| High School | Town & State | Graduate? | If no, # of years completed? |
|----------------------------|--------------|-----------|------------------------------|
| | | | 1 2 3 4 5 6 7 8 9 10 11 12 |
| College/University | Town & State | # of yrs | Graduate? Degree/Certificate |
| | | | |
| Vocational/Business School | Town & State | # of yrs | Graduate? Degree/Certificate |
| | | | |

Do you have any commercial construction industry experience? Yes No

If yes, please provide a brief explanation: _____

Do you have any vehicle maintenance/repair experience? Yes No

If yes, please provide a brief explanation: _____

Please list any additional training or skills that you would like us to consider:

Please provide the names and addresses of each person and/or company for whom you worked during the past 10 years. The information provided below may be used to contact your previous employer(s) for the purpose of investigating your safety performance history.

Note: List employers in reverse order, **starting with the most recent**.

| | |
|---|-------------------------------|
| Employer name: _____ | Employed from: _____ to _____ |
| Address: _____ | Position held: _____ |
| _____ | Salary/Wages: _____ |
| Direct Supervisor: _____ | Telephone No. _____ |
| Hours worked per week: _____ | |
| Reason for leaving: _____ | |
| Were you subject to the FMCSR while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this position designated as a DOT "safety sensitive function" subject to alcohol and drug testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|-------------------------------|
| Employer name: _____ | Employed from: _____ to _____ |
| Address: _____ | Position held: _____ |
| _____ | Salary/Wages: _____ |
| Direct Supervisor: _____ | Telephone No. _____ |
| Hours worked per week: _____ | |
| Reason for leaving: _____ | |
| Were you subject to the FMCSR while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this position designated as a DOT "safety sensitive function" subject to alcohol and drug testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|-------------------------------|
| Employer name: _____ | Employed from: _____ to _____ |
| Address: _____ | Position held: _____ |
| _____ | Salary/Wages: _____ |
| Direct Supervisor: _____ | Telephone No. _____ |
| Hours worked per week: _____ | |
| Reason for leaving: _____ | |
| Were you subject to the FMCSR while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this position designated as a DOT "safety sensitive function" subject to alcohol and drug testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|-------------------------------|
| Employer name: _____ | Employed from: _____ to _____ |
| Address: _____ | Position held: _____ |
| _____ | Salary/Wages: _____ |
| Direct Supervisor: _____ | Telephone No. _____ |
| Hours worked per week: _____ | |
| Reason for leaving: _____ | |
| Were you subject to the FMCSR while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this position designated as a DOT "safety sensitive function" subject to alcohol and drug testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| _____ | Salary/Wages: _____ |
| Direct Supervisor: _____ | Telephone No. _____ |
| Hours worked per week: _____ | |
| Reason for leaving: _____ | |
| Were you subject to the FMCSR while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this position designated as a DOT "safety sensitive function" subject to alcohol and drug testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Applicants Certification

I authorize NorthEast Earth Mechanics, Inc. and/or it's representatives to make such investigations and inquiries of my personal, employment, financial, medical history and/or 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 certify that I have read and understood all of this employment application. It is agreed and understood that NorthEast Earth Mechanics, Inc. and/or it's representatives may investigate my background to ascertain any and all information whether the same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information.

I understand that, as an applicant for a position with NorthEast Earth Mechanics, Inc., I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job.

I also understand that, if offered a job, it will be conditioned on the results of background screening and a pre-employment drug test. If hired, I agree to abide by the rules and policies of NorthEast Earth Mechanics, Inc. The background screening and pre-employment drug test results may be used for any employment decisions including claims made subsequent to employment.

I, the applicant, hereby certify 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 understand that falsifying information will be grounds for dismissal or non-hire.

Applicant's Signature

Date

Print Name

**Additional Information Required for CDL Positions
Pursuant to Federal Motor Carrier Safety Regulation 391.21**

Answer the following sections only if you are applying for a driver position.

Accident record for past three (3) years or more. Please list in most recent order.
If none, please write none.

| <u>Date</u> | <u>Nature of Accident</u> (Head on, Rear-end, etc.) | <u>Any fatalities?</u> | <u>Any injuries?</u> |
|-------------|--|------------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Traffic convictions and forfeitures for the past three (3) years (other than parking violations.)
If none, please write none.

| <u>Date</u> | <u>Location</u> | <u>Charge</u> | <u>Penalty</u> |
|-------------|-----------------|---------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Qualifications - Driver Licenses

| <u>State</u> | <u>License No.</u> | <u>Class</u> | <u>Endorsements</u> | <u>Restrictions</u> | <u>Exp. Date</u> |
|--------------|--------------------|--------------|---------------------|---------------------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Please provide the following information about your driving experience.

| <u>Class of vehicle</u> | <u>Type of equipment</u> (Van, tank, flat, etc.) | <u>Dates</u> From | To | <u>Approx. No. of Miles Total</u> |
|-------------------------|---|----------------------|-------|-----------------------------------|
| Straight Truck | _____ | _____ | _____ | _____ |
| Tractor & semi-trailer | _____ | _____ | _____ | _____ |
| Twin Tractors-LCV's | _____ | _____ | _____ | _____ |
| Other: | _____ | _____ | _____ | _____ |

Have you ever been denied a license, permit or privilege to operate a vehicle? Yes No

If yes, please explain: _____

Have you ever had a license, permit or privilege suspended or revoked? Yes No

If yes, please explain: _____

Have you ever been disqualified for violations of the FMCSR's? * Yes No

If yes, please explain: _____
