

APPLICATION FOR EMPLOYMENT

Please Read Before Completing This Application:



We advise that we intend to check and hold you responsible for the accuracy of the statements you make on this application. FHI is an equal opportunity employer. FHI intends to provide a safe and healthful environment for employees and those with whom we come in contact. You will be expected to successfully pass a drug screen test as a pre-employment condition. This application will receive consideration for thirty (30) days. If you have not heard from the company within thirty days and wish to receive consideration for employment, it will be necessary to complete another application form.

DATE: _____

Please Print

| | | | | | |
|---|----------------------------|--|---|--|--|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
| PHONE NUMBER | | | E-MAIL ADDRESS | | |
| PRESENT ADDRESS | STREET | CITY | STATE | ZIP | |
| PERMANENT ADDRESS | STREET | CITY | STATE | ZIP | |
| <i>If you have lived at the above address for less than 12 months, list previous address:</i> | | | | | |
| | STREET | CITY | STATE | ZIP | |
| ARE YOU 18 YEARS OR OLDER? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | SOCIAL SECURITY NUMBER: ____-____-____ | |
| IF HIRED, CAN YOU PROVIDE A BIRTH CERTIFICATE, PROOF OF U.S. CITIZENSHIP, OR OTHER DOCUMENTATION TO ESTABLISH YOUR LEGAL RIGHT TO WORK IN THE U.S.? | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| POSITION | | DATE YOU CAN START | | SALARY DESIRED | |
| ARE YOU EMPLOYED NOW? | | | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? | | |
| EVER APPLIED TO OR WORKED FOR THIS COMPANY BEFORE? | | WHERE? | WHEN? | SUPERVISOR'S NAME | |
| POSITION HELD | | | | | |
| REASON FOR LEAVING | | | | | |
| WHO REFERRED YOU TO THIS COMPANY? | | | | | |
| <input type="checkbox"/> STATE EMPLOYMENT OFFICE | | <input type="checkbox"/> NEWSPAPER AD | | <input type="checkbox"/> FRIEND | |
| | | <input type="checkbox"/> WALKED IN | | <input type="checkbox"/> OTHER (SPECIFY) | |
| EDUCATION | | | | | |
| CHECK THE HIGHEST LEVEL OR EQUIVALENT COMPLETED: | | | | | |
| ELEMENTARY SCHOOL | | HIGH SCHOOL DID YOU GRADUATE? | | COLLEGE / TECHNICAL | |
| DID YOU GRADUATE? | | | | DID YOU GRADUATE? | |
| <input type="checkbox"/> 8 OR LESS | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | | | | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | | | | <input type="checkbox"/> 5+ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME AND LOCATION OF HIGH SCHOOL, TECH / COLLEGE, COLLEGE / UNIVERSITY ATTENDED: | | | | | |
| | | | | | |
| MAJOR / DEGREE | | | ARE YOU CURRENTLY A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| GENERAL | | | | | |
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK | | | | | |
| | | | | | |
| SPECIAL TRAINING OR SKILLS | | | | | |
| | | | | | |
| EQUIPMENT EXPERIENCE | | | | | |
| | | | | | |

LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST ("SEE RESUME" IS NOT ACCEPTABLE). YOU MAY INCLUDE MILITARY SERVICE, SELF-EMPLOYMENT AND VERIFIED WORK PERFORMED ON A VOLUNTEER BASIS.

| | | | |
|--|--------------------|---|-----------------------|
| FROM | TO | EMPLOYER | TELEPHONE |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
| | | | WEEKLY OR HOURLY WAGE |
| MAY WE CONTACT THIS EMPLOYER? | REASON FOR LEAVING | | |
| STATE REASON AND LENGTH OF ANY INACTIVITY BETWEEN EMPLOYERS. | | | |
| FROM | TO | EMPLOYER | TELEPHONE |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
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PERSONAL REFERENCES – please do not include relatives

| NAME | ADDRESS | HOW AQUAINTED | YEARS KNOWN | PHONE NUMBER |
|------|---------|---------------|-------------|--------------|
| | | | | home () - |
| | | | | work () - |
| | | | | home () - |
| | | | | work () - |
| | | | | home () - |
| | | | | work () - |
| | | | | home () - |
| | | | | work () - |



ADDITIONAL INFORMATION

** Applicants should not disclose any convictions that have been sealed, annulled, expunged, dismissed, erased, impounded, cleared, vacated, or officially pardoned by the Governor. **

CALIFORNIA APPLICANTS: Applicants are NOT required to disclose the existence of an arrest, criminal charge or conviction for which records have been officially "erased" because there was a finding of delinquency, because the charge was nullified or dismissed, or because of a not-guilty finding or an absolute pardon. Applicants should not disclose misdemeanor convictions for marijuana-related offenses more than two (2) years old.

CONNECTICUT APPLICANTS: Applicants are NOT required to disclose the existence of an arrest, criminal charge or conviction for which records have been officially "erased" because there was a finding of delinquency, a finding that a child was a member of a family with service needs, an adjudication of youthful offender status, or because the charge was nullified or dismissed, or because of a not-guilty finding or an absolute pardon; any person whose criminal records have been erased for these reasons is considered to have never been arrested and may swear to this under oath.

MASSACHUSETTS APPLICANTS ONLY:

Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF QUESTION SEEKING CRIMINAL RECORD INFORMATION.

HAVE YOU EVER BEEN CONVICTED, INCLUDING A PLEA OF GUILTY OR NO CONTEST, OF A FELONY?

YES

NO

IF YES, DESCRIBE:

HAVE YOU BEEN CONVICTED, INCLUDING A PLEA OF GUILTY OR NO CONTEST, OF A MISDEMEANOR IN THE LAST 5 YEARS?

YES

NO

IF YES, DESCRIBE:

ARE YOU AVAILABLE TO WORK ANY SHIFT?

YES

NO

ANY DAY OF THE WEEK?

YES

NO

IF NOT, WHAT SHIFTS AND DAYS ARE YOU AVAILABLE?

Freight Handlers has a high commitment to its employees, and therefore sets high standards in its expectations and conditions of employment. If you are offered a position, you need to carefully consider what we would require of you before you accept employment. Failure to comply with the following may subject you to discharge.

As an employee, you must:

- Arrive on time every time you are scheduled
- Wear the company attire issued to you, maintained and clean, each time you report for work
- Show a strong respect and participation in operating a safe work place
- Follow company policies, procedures, and rules of conduct
- Follow management's direction
- Complete and comply with necessary training requirements
- Meet production standards
- Wear all required safety appliances while on the job, including safety shoes
- Report rule and policy violations, and accidents involving injury or damage, as they occur

Are you willing and able to comply with all the requirements listed? YES NO

If your answer is no, or if you have concerns about being able to comply with any of these requirements, please explain on an attached sheet.

READ CAREFULLY BEFORE SIGNING AS THESE ITEMS REPRESENT SIGNIFICANT MATTERS IN CONNECTION WITH YOUR APPLICATION:

I hereby certify that all of the information contained in this application is complete and accurate to the best of my knowledge. I understand that if omissions, false or inaccurate statements on this application are discovered, my application may be rejected and, if employed, my employment may be terminated at any time.

I give the employer the right to contact and obtain information from all references, employers and educational institutions and to otherwise verify the accuracy of the information contained in this application, and information regarding my personal character, work habits or employment record. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations and organizations for furnishing such information.

I understand that as a part of the interview and pre-employment process, I may be requested to provide a certified copy of my criminal history report produced from local law enforcement authorities. (*Note: a conviction will not necessarily disqualify applicant from employment.*)

I further understand that if employment is offered to me either prior to or subsequent to this application, whether verbally or in writing, it will be on an at-will basis and may be terminated at any time by either party with or without cause. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date

ADDITIONAL NOTES AND COMMENTS FROM APPLICANT

Please initial and date all additional remarks.

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REVIEWED BY: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____

| Start date | Host Facility Name | Location | Dept. |
|------------|--------------------|----------|-------|
| | | | |