

NorthEast Earth Mechanics, Inc.
159 Barnstead Rd., Pittsfield, NH 03263

Drivers Notice of Due Process Rights and Authorization

Applicant's name: _____ Date of application: _____

In accordance 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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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.

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: _____ Date: _____

FOR COMPANY USE	
Applicant hired: _____	Rejected: _____
Date employed: _____	Position: _____
Date terminated: _____	Who terminated employee: _____
Dismissed: _____	Voluntary Quit: _____ Other: _____

9/24/04 SH

NorthEast Earth Mechanics, Inc.
159 Barnstead Rd.
Pittsfield, NH 03263

603-435-7989

603-435-7950 fax

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 by law.

General Information

Name _____ Date of Birth: _____

Current Address: _____ Social Security No. _____

Telephone No. (____) _____

Previous Address: _____ Position desired: _____

Applying for a CDL position? ___ Yes ___ No

Salary/wages expected? \$ _____

Do you have a valid driver's license? _____ Yes _____ No # _____ State _____

Is it a commercial driver's license (CDL)? _____ Yes _____ No Circle one: 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

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? _____

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

Name Address Telephone No. Relationship

(____) _____

(____) _____

(____) _____

NorthEast Earth Mechanics, Inc.

Employment Application - Page 2

Can you, after employment begins, submit verification of your legal right to work in the United States? Yes No

Proof of legal authorization to work will be required upon employment.

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:

NorthEast Earth Mechanics, Inc.

Employment Application - Page 3

Please provide the names and addresses of each person and/or company for whom you worked during the past **ten (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?	____ Yes ____ No
Was this position designated as a DOT "safety sensitive function" subject to alcohol and drug testing as required by 49 CFR Part 40?	____ Yes ____ 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?	____ Yes ____ No
Was this position designated as a DOT "safety sensitive function" subject to alcohol and drug testing as required by 49 CFR Part 40?	____ Yes ____ 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?	____ Yes ____ No
Was this position designated as a DOT "safety sensitive function" subject to alcohol and drug testing as required by 49 CFR Part 40?	____ Yes ____ 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?	____ Yes ____ No
Was this position designated as a DOT "safety sensitive function" subject to alcohol and drug testing as required by 49 CFR Part 40?	____ Yes ____ No

NorthEast Earth Mechanics, Inc.

Employment Application - Page 4

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 performed by PT Research, Inc. 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

NorthEast Earth Mechanics, Inc.

Employment Application - Page 5

sth/July 05

Additional Information Required for CDL Positions
Pursuant to FMCSR* 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: _____

* FMCSR - Federal Motor Carrier Safety Regulations.

sth/July 05