



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

PO BOX 5010
FREEHOLD, NJ 07728
800-346-2035

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Freehold Cartage, Inc., is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, creed, sex, national origin, age, religion, disability, marital status, veteran status, or any other characteristic protected by federal, state and/or local law. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify Human Resources.

PERSONAL

Name: _____ Date: _____
Last First Middle

Home Phone: _____ Cell: _____

Present Street Address _____ Are you over 18? Yes No*
*If no, a work permit may be required

City, State, Zip _____

If referred, by whom?: _____

Do you have any relatives currently employed with the company? No Yes
 Who? _____

EMPLOYMENT INTEREST

Position Applied For: _____

Date Available to Start: _____ Wage Desired: _____

Availability to Work: Full-Time Part-Time Day Evening
 If applying for Full-Time, can you work overtime if necessary? No Yes

Are there any shifts/time/days you are not available to work? No Yes
 If yes, when? _____

Are you legally eligible to work in the United States? No Yes
(If you are hired, you will be required by law to provide documentation verifying your employment eligibility)

Have you ever been bonded in prior employment? No Yes

Have you ever applied to us before? No Yes When? _____

Have you ever worked for us before? No Yes When? _____

Will you submit to a Drug Test if required of the position?* No Yes * Refusal May Bar an Employment Offer

OFFICE USE ONLY

Hired? Yes No Date Employed: _____

Rcvd in Payroll: ____ / ____ / ____ Depart/Position Assigned: _____

New Hire Package Rcvd: ____ / ____ / ____ Supervisor: _____

PREVIOUS EMPLOYMENT

Please provide the following information on all employers by whom you have been employed during the last 3 years.

START WITH MOST RECENT OR CURRENT EMPLOYER

Are you still employed?	Yes	No	If so, may we contact your current Employer?	Yes	No
Company Name:			Phone ()	From:	To:
Address			City, State, Zip	Position	
Supervisor Name			Phone ()		
Reason for Leaving				Start Salary/Wages \$	End Salary/Wages \$
Company Name:			Phone ()	From:	To:
Address			City, State, Zip	Position	
Supervisor Name			Phone ()		
Reason for Leaving				Start Salary/Wages \$	End Salary/Wages \$
Company Name:			Phone ()	From:	To:
Address			City, State, Zip	Position	
Supervisor Name			Phone ()		
Reason for Leaving				Start Salary/Wages \$	End Salary/Wages \$
Company Name:			Phone ()	From:	To:
Address			City, State, Zip	Position	
Supervisor Name			Phone ()		
Reason for Leaving				Start Salary/Wages \$	End Salary/Wages \$
Company Name:			Phone ()	From:	To:
Address			City, State, Zip	Position	
Supervisor Name			Phone ()		
Reason for Leaving				Start Salary/Wages \$	End Salary/Wages \$
Company Name:			Phone ()	From:	To:
Address			City, State, Zip	Position	
Supervisor Name			Phone ()		
Reason for Leaving				Start Salary/Wages \$	End Salary/Wages \$

Please continue on additional sheet if necessary



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EDUCATION

Type	Name and Location	Courses Taken	Graduated?
High School			Y N
College			Y N
Business School			Y N
Technical School			Y N
Trade School			Y N
Other			Y N

List any
Credentials

SPECIAL QUALIFICATIONS OR SKILLS

Courses/training other than that shown elsewhere in this application that are relevant to the position for which you are applying:

Describe any other qualifications that you want FCI to consider in connection with your application:

Indicate any foreign language(s) that you can speak and/or write fluently:

SPECIALIZED SKILLS

Complete only if applicable to the position for which you are applying:

Computer software, applications, etc.	Office Machines Operated



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ACKNOWLEDGEMENT

TO BE READ AND SIGNED BY ALL APPLICANTS

I UNDERSTAND THAT IF I AM EMPLOYED BY FCI, EMPLOYMENT WILL BE "AT-WILL". AT-WILL INFERS THAT AN EMPLOYEE MAY RESIGN FROM EMPLOYMENT AT ANY TIME FOR ANY REASON WITH OR WITHOUT PRIOR NOTICE AND THAT FCI MAY TERMINATE EMPLOYMENT AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE, NOT EXPRESSLY PROHIBITED BY LAW AND WITH OR WITHOUT PRIOR NOTICE. I UNDERSTAND THIS APPLICATION DOES NOT CONSTITUTE AN EMPLOYMENT CONTRACT OF ANY KIND, EITHER EXPRESS OR IMPLIED.

I give FCI the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives from seeking, gathering and using such information and any other persons, corporations or organizations from furnishing such information.

I certify this application was completed by me, and that all entries and information on it are true and complete to the best of my knowledge.

Misrepresentation or material omission on this application will result in either the denial of employment, or, if employed, the termination of my employment.

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Applicants requiring a reasonable accommodation to complete and application and/or interview process should notify the Human Resources office.

Applicant's Signature

Date

Applicant's Name (Print)



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BACKGROUND CHECK POLICY

Background Check

The Company requires applicants to satisfactorily complete a background check. The Company will consider your job duties, among other factors, in determining what constitutes satisfactory completion of the background check. All information as a result of a background check will be used solely for employment purposes.

Authorization

You must complete the Company's authorization form, authorizing the Company to conduct the background check. Failure to timely complete the authorization may result in termination of the Company's consideration of your employment application. Falsification or omission of information may result in denial of employment or discipline, up to and including termination.

Confidentiality

All background check information will be kept confidential. The Company complies with all applicable federal, state and local laws regarding background checks.

Administration of the Policy

The Human Resources Department is responsible for the administration of this policy. If you have any questions regarding this policy or if you have any questions about background checks that are not addressed in this policy, please contact the Human Resources Department.

Acknowledgement of Receipt and Review

I, _____, acknowledge that I received a copy of the Company's Background Check Policy and that I read it, understood it and agree to comply with it. I understand that the Company has the maximum discretion permitted by law to interpret, administer, change, modify or delete this policy at any time, with or without notice. No statement or representation by a supervisor or manager or any other employee, whether oral or written, can supplement or modify this policy. I understand that neither this policy nor any other communication by a management representative or any other employee, whether oral or written, is intended to in any way create a contract of employment. **I understand that I am employed at will and this policy does not modify my at-will employment status.**

Signature

Date



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Fair Credit Reporting Act Background Check Disclosure

In connection with your employment application, the Company may seek background information about you from a consumer reporting agency. This information will be in the form of consumer reports.

These reports may be obtained at any time after the Company receives authorization from you.

Consumer reports include any written, oral or other communication of information by a consumer reporting agency bearing on your credit standing, character, general reputation and other characteristics that is expected to be used for employment purposes. Consumer reports may include credit reports, criminal records and driving records, among other resources.

Hire Right or another consumer reporting agency, will obtain the reports for the Company.

A summary of your rights under the federal Fair Credit Reporting Act ("FCRA") is being provided to you with this disclosure.

Authorization to Obtain Consumer Reports under the Fair Credit Reporting Act

I acknowledge that I have received and read the Fair Credit Reporting Act Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act and this authorization. I certify that I understand the documents I have received.

I hereby authorize the Company or its authorized agents, for employment purposes; to obtain or prepare consumer reports at any time after it receives this authorization.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by Hire Right or other consumer reporting agencies or the Company.

I certify that the information provided on this form is true and correct. I understand that any information that I provide in an employment application or that I otherwise disclose during my employment may be used to obtain consumer reports.

Signature

Dated

Printed Name

Social Security No

Driver's License State and Number

Date of Birth

Home Address

THIS INFORMATION IS FOR BACKGROUND CHECK PURPOSES ONLY

