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APPLICATION FOR EMPLOYMENT

APPLICANTS FOR EMPLOYMENT ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, MARITAL STATUS, VETERAN STATUS, NATIONAL ORIGIN, AGE, OR HANDICAP.

1. GENERAL INFORMATION

(PLEASE PRINT)

DATE OF APPLICATION: _____

POSITION(S) APPLIED FOR: _____

HOW DID YOU LEARN OF OUR ORGANIZATION?: _____

NAME: _____

ADDRESS: _____

HOME PHONE:() _____ WORK PHONE:() _____

ARE YOU EMPLOYED NOW?: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?: _____

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?: _____

ARE YOU AVAILABLE TO WORK FULL TIME?: _____

WILL YOU WORK OVERTIME IF ASKED?: _____

ARE YOU ON A LAY-OFF AND SUBJECT TO A RECALL?: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

2. EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS. EXCLUDE ANY ORGANIZATION NAMES WHICH INDICATE RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN.

EMPLOYER:	EMPLOYED		WORK PERFORMED
ADDRESS:	FROM	TO	
TEL. #:			
JOB TITLE:	HOURLY RATE		
SUPERVISOR:	START	FINAL	
REASON FOR LEAVING:			
EMPLOYER:	EMPLOYED		WORK PERFORMED
ADDRESS:	FROM	TO	
TEL. #:			
JOB TITLE:	HOURLY RATE		
SUPERVISOR:	START	FINAL	
REASON FOR LEAVING:			
EMPLOYER:	EMPLOYED		WORK PERFORMED
ADDRESS:	FROM	TO	
TEL. #:			
JOB TITLE:	HOURLY RATE		
SUPERVISOR:	START	FINAL	
REASON FOR LEAVING:			
EMPLOYER:	EMPLOYED		WORK PERFORMED
ADDRESS:	FROM	TO	
TEL. #:			
JOB TITLE:	HOURLY RATE		
SUPERVISOR:	START	FINAL	
REASON FOR LEAVING:			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

3. SPECIAL SKILLS, LICENSES AND QUALIFICATIONS

SUMMARIZE ANY SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM PREVIOUS EMPLOYMENT OR OTHER EXPERIENCE. ALSO LIST ANY SPECIAL LICENSES YOU HAVE.

IF APPLYING FOR A TRUCK DRIVER POSITION, ARE YOU AT LEAST 21 YEARS OF AGE?.....YES.....NO

IF APPLYING FOR ANY OTHER POSITION, ARE YOU AT LEASE 18 YEARS OF AGE?.....YES.....NO

DRIVERS LICENSE: STATE.....TYPE.....EXPIRATION DATE.....

THIS LAST PART OF SECTION 3 IS TO BE COMPLETED ONLY IF APPLYING FOR A DRIVING POSITION. NOT FOR INTERVIEW PURPOSES.

LICENSES:

DRIVERS LICENSE HELD IN PAST 3 YEARS MUST BE SHOWN.

STATE	LICENSE NUMBER	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?
 YES..... NO.....

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?
 YES..... NO.....

C. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?
 YES..... NO.....

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ETC..)	DATES	
		FROM	TO
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			

LIST STATES OPERATED IN DURING LAST FIVE YEARS:.....

LIST SPECIAL COURSES OF TRAINING THAT WILL HELP YOU AS A DRIVER.....

.....

ACCIDENT REVIEW FOR PAST 3 YEARS (ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)

DATES OF ACCIDENTS	NATURE OF ACCIDENT (HEAD ON, REAR END, ETC..)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING

LOCATION	DATE	CHARGE	PENALTY

4. EDUCATION

SCHOOL	NAME OF SCHOOL	COURSE OF STUDY	DEGREE OR DIPLOMA
COLLEGE			
HIGH			
OTHER			

5. APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. YOU ARE HEREBY AUTHORIZED TO INVESTIGATE ANY STATEMENTS CONTAINED IN THIS APPLICATION AND THAT THIS EMPLOYMENT APPLICATION OR THE GRANTING OF AN ORAL INTERVIEW DOES NOT REPRESENT A CONTRACT OF EMPLOYMENT OR FUTURE BENEFITS BY THIS COMPANY/ORGANIZATION.

I ALSO UNDERSTAND THAT A POST-OFFER PHYSICAL, INCLUDING A DRUG AND ALCOHOL SCREENING ARE PREREQUISITES TO MY EMPLOYMENT AND I HEREBY CONSENT TO SUCH AN EXAM IN ORDER TO DETERMINE MY ABILITY TO PERFORM THE DUTIES OF THE JOB I AM BEING CONSIDERED FOR.

EMPLOYMENT – AT – WILL

I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF P.J. ALBERT, INC., AND THAT, **IF HIRED, MY EMPLOYMENT WILL BE AT-WILL AND MAY BE TERMINATED WITH OR WITHOUT NOTICE AT ANY TIME AT MY OPTION OR AT THE OPTION OF P. J. ALBERT, INC.** I UNDERSTAND THAT ONLY A WRITTEN AGREEMENT EXPRESSLY TO THE CONTRARY SIGNED BY ME AND THE TREASURER OR VICE PRESIDENT OF P. J. ALBERT, INC., CAN VARY THIS EMPLOYMENT-AT-WILL POLICY.

SIGNATURE OF APPLICANT

DATE

6. NOTICE TO APPLICANTS

P.J. ALBERT, INC., OFFERS EMPLOYMENT CONTINGENT UPON RECEIVING WRITTEN NOTICE THAT THE APPLICANT HAS RECEIVED PASSING RESULTS ON A POST- OFFER PHYSICAL AND DRUG SCREEN THROUGH A DESIGNATED MEDICAL FACILITY. P.J. ALBERT, INC., WILL PAY FOR THESE MEDICAL COSTS, BUT, BY LAW, IS NOT REQUIRED TO PAY FOR THE APPLICANT'S TIME.

UPON RECEIPT OF WRITTEN NOTIFICATION FROM THE MEDICAL FACILITY THAT THE EMPLOYEE IS FIT FOR DUTY, ALL NEWLY HIRED EMPLOYEES WILL GO THROUGH AN ORIENTATION PROGRAM THAT LASTS FOR APPROXIMATELY TWO HOURS. COMPANY POLICIES AND BENEFITS WILL BE EXPLAINED AND NECESSARY PAPERWORK WILL BE COMPLETED.

SIGNATURE OF APPLICANT

DATE

7. REFERENCE RELEASE FORM

PLEASE RESPOND TO ANY REFERENCE INQUIRY AND PROVIDE AN OPINION AS TO MY SUITABILITY FOR EMPLOYMENT WITH P.J. ALBERT, INC BY THIS AUTHORIZATION:

I HEREBY RELEASE YOU FROM ANY AND ALL LIABILITY FOR PROVIDING THE RECORDS AND INFORMATION BELOW REGARDLESS OF THE TRUTH OR FALSITY THEREOF.

I HEREBY AUTHORIZE THE RELEASE OF MY EMPLOYMENT DATES, EVALUATION OF WORK PERFORMANCE, AND ANY OTHER WORK RELATED INFORMATION TO P.J. ALBERT, INC.

I HEREBY AUTHORIZE P.J. ALBERT, INC. TO RECEIVE AND HAVE TOTAL ACCESS TO THE RECORDS SET FORTH ABOVE, AND RELEASE P.J. ALBERT, INC. FROM ANY AND ALL LIABILITY FROM DAMAGE WHICH MAY RESULT FROM THE AUTHORIZATION CONTAINED WITHIN. I UNDERSTAND THAT THIS INFORMATION WILL BE USED FOR REFERENCE PURPOSES ONLY.

MAY WE CONTACT YOUR PRESENT/ PAST EMPLOYER? YES_____ NO_____

I AM VOLUNTARILY FURNISHING THE IDENTIFYING INFORMATION LISTED ABOVE TO ASSIST YOU IN LOCATING MY RECORDS.

APPLICANT'S NAME (INCLUDE MAIDEN NAME IF APPLICABLE)

SIGNATURE OF APPLICANT

DATE
