



P.O. Box 128
Candia, NH 03034
603-647-4530
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Employment Application

It is the policy of M&S Logistics, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

General Information

Applicant Name: _____
Address: _____
City/State/Zip: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Date of Birth: _____ Social Security Number: _____

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/Zip: _____
Daytime phone: _____ Evening phone: _____

Job Position Applied For: _____

Salary Desired: \$ _____ per _____

Referral Source: Who referred you to our company?

Have you applied to our company previously? ☐ Yes ☐ No If yes, when? _____

Are you at least 18 years old? ☐ Yes ☐ No

How will you get to work? _____

Are you willing to work any shift, including nights and weekends? ☐ Yes ☐ No

If no, please state any limitations: _____

If you are offered employment, when would you be available to begin work?

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Are you able to perform the essential functions of the job position with or without reasonable accommodation? ☐ Yes ☐ No

What accommodations, if any, would you require? _____

Driver Experience & Availability: CDL drivers only should complete this section.

Driver applicants, please include a copy of your valid license and driving record.

Driver's License Number: _____ State Issued: _____

Years of CDL Experience: _____

Do you have an endorsement to carry Hazardous Materials? ☐ Yes ☐ No

Has your license ever been suspended or revoked? ☐ Yes ☐ No

If yes, when and where? _____

Have you ever tested positive for illegal substances? ☐ Yes ☐ No

Number of moving violations in the last three years: _____

Any accidents in the last three years? ☐ Yes ☐ No

If yes, when? _____ Who was at fault? _____

Type of equipment operated, and number of years each:

| | | |
|-----------|--|--|
| Vans: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years Experience: _____ |
| Tankers: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years Experience: _____ |
| Flatbeds: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years Experience: _____ |
| Landolls: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years Experience: _____ |
| Other: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years Experience: _____ Specify: _____ |

Do you have a GPS system or other navigation aid? ☐ Yes ☐ No

Do you have a valid U.S. passport? ☐ Yes ☐ No

If no, would you be willing and eligible to apply for a passport? ☐ Yes ☐ No

If no, please explain: _____

Do you have a TWIC card or other port access card? ☐ Yes ☐ No

Please indicate your primary availability:

- ☐ Regional: Out all week, home most weekends.
- ☐ Overnight: 2-3 overnights a week, home most weekends.
- ☐ Local: New England area, occasional overnights.

In the below grid, please fill in your available hours for each day of the week:

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |

Please indicate your overnight availability: ☐ Anytime ☐ Limited ☐ Rarely

Employment History

List your current or most recent employment first.

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____
Rate of Pay: _____

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____
Rate of Pay: _____

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____
Rate of Pay: _____

Education & Training

List your education and training.

High School Name and Address: _____

Last Grade? ☐ 9 ☐ 10 ☐ 11 ☐ 12 Diploma? ☐ Yes ☐ No

College Name and Address: _____

Did you receive a degree? ☐ Yes ☐ No If yes, degree received: _____

Other Training (graduate, technical, vocational): _____

Awards, Honors, Special Achievements:

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represent exceptional ability.)

| Skill | Years of Experience | Ability or Rating |
|-------|---------------------|-------------------|
| _____ | _____ | 1 2 3 4 5 |
| _____ | _____ | 1 2 3 4 5 |
| _____ | _____ | 1 2 3 4 5 |
| _____ | _____ | 1 2 3 4 5 |

References

List any two people who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Relationship: _____

Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize M&S Logistics, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Human Resource, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of M&S Logistics, Inc., except in a specific written contract of employment signed on behalf of the organization by its Human Resource, has the power to alter or vary the voluntary nature of the employment relationship.

I understand that if I accept a position with M&S Logistics, Inc. I am hired on a 90-day probationary period. Within the 90-day probation period M&S Logistics, Inc. reserves the right to terminate the employment relationship with the employee if M&S Logistics, Inc. deems his or her job performance to be unacceptable.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

505A Smoke Free Workplace
Effective Date: 02-01-01

In keeping with M&S Logistics, Inc.'s intent to provide a safe and healthful work environment; we are now a "Smoke Free" Company. Smoking is prohibited anywhere inside the workplace.

Any employee violating this policy will be disciplined immediately. Disciplinary action may lead up to and/or include the employee's involuntary termination from M&S Logistics, Inc.

This amended "smoking policy" supersedes any other procedure or policy previous to this date.

Smoking will only be allowed outside of the building and on the employee's own time.

This policy applies equally to all staff members, employees, customers, and visitors.

I have read and understood the above and agree to adhere.

Employee

Date