

FERRY TRANSPORTATION

APPLICATION FOR EMPLOYMENT

Please answer all questions. Resumes are not accepted in lieu of completion of this application. NOTE: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

 Last Name (Please Print) First Middle Social Security Date of Application

 Present Address Street City/State Zip Code Area Code + Telephone Number

 Permanent Address Driver's License Number & State

HOW DID YOU HEAR ABOUT Ferry Transportation? _____ WHO REFERRED YOU? _____

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Have you ever been convicted of a felony? Yes No If Yes, give dates and explain. (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment

Are you over 18 years of age? Yes No Position applying for: _____

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each School	No. of Yrs. Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bu.s., Night, or Corres.				
Other				

Other skills: List any job-related skills, qualifications, education, or information that supports your application. _____

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? Yes No If Yes, identify names and relevant dates.

IN CASE OF EMERGENCY, NOTIFY:

Name	Phone Number	Relationship
Address	City/State	

EMPLOYMENT EXPERIENCE

ALL FORMER JOBS: (List most recent job first). Account for all time periods including **unemployment, self-employment and military service.** (Attach separate paper(s), if necessary.)

Employer:	Dates Employed (From/To):	Immediate Supervisor:
Address:	Phone Number:	
Job Title:	Hourly Rate/Salary (Starting/End):	Fax Number (If Known):
Work Performed:		
Reason for Leaving:		

Employer:	Dates Employed (From/To):	Immediate Supervisor:
Address:	Phone Number:	
Job Title:	Hourly Rate/Salary (Starting/End):	Fax Number (If Known):
Work Performed:		
Reason for Leaving:		

Employer:	Dates Employed (From/To):	Immediate Supervisor:
Address:	Phone Number:	
Job Title:	Hourly Rate/Salary (Starting/End):	Fax Number (If Known):
Work Performed:		
Reason for Leaving:		

Employer:	Dates Employed (From/To):	Immediate Supervisor:
Address:	Phone Number:	
Job Title:	Hourly Rate/Salary (Starting/End):	Fax Number (If Known):
Work Performed:		
Reason for Leaving:		

Have you ever been dismissed or forced to resign from any employment? YES NO - If YES, please explain:

Are you a veteran of the U.S. Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what branch of Service? _____
If YES, beginning date and ending date of active duty: FROM: _____ TO: _____ Yr/Mo Yr/Mo
Date of Discharge from Military Service: _____

Do you have transportation to work? YES NO - Will you work overtime if asked? YES NO

Are there any hours, shifts or days you will not work? YES NO - If Yes, explain: _____

Are you now employed? YES NO Are you on a layoff? YES NO Are you subject to recall? YES NO

May we contact your present employer? YES NO Previous Employers? YES NO

Please identify any exceptions and reasons for not contacting prior employers: _____

PERSONAL REFERENCES

List three persons not related to you, whom you have know at least one year.

NAME	ADDRESS AND TELEPHONE	OCCUPATION
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Have you filed an application here before? YES NO If YES, give dates: _____

Have you ever been employed here before? YES NO If YES, give dates: _____

NOTICES TO APPLICANTS

This Employer complies with the Americans With Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave of their own accord to seek other jobs.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of my background and all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact and release all information. I understand that misrepresentations, omissions of facts and incomplete information requested in this application may remove me from further consideration for employment or, if employed by the Employer, may result in the termination of my employment. I agree to furnish such additional information and complete such examinations as may be required to complete this application.

In consideration of my employment, I agree to conform to the rules and regulations of the Employer. I understand that my employment with the Employer is for no specific term, and that my employment, compensation, and benefits can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Employer or myself.

I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relations between me and the Employer.

The contents of any Employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice.

I also understand that no manager, supervisor, or company representatives other than the Employer's president or vice-president (in writing) has any authority to enter into any employment agreement for any specified time period, or to make any oral or written agreement contrary to the foregoing.

I understand all notices to applicants above, and I agree to submit to testing for drug or alcohol use in accordance with the Employer's policies.

SIGNATURE: _____

DATE: _____

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

This Employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, or veteran or marital status, or any other status or condition protected by applicant's federal or state statutes, except where a bona fide occupational qualification exists. Your opportunity for employment with the Employer depends solely upon your qualifications.

FERRY TRANSPORTATION, INC.

800-408-5542 601-425-5542 ext. 13
FAX: 601-422-0189
ATTENTION: Kameye Hankins, Recruiter

VERIFICATION OF PREVIOUS EMPLOYMENT

TO: _____ TELEPHONE: _____
_____ FAX: _____

I hereby authorize you to release the following information to Ferry Transportation, Inc. for the purpose of investigation as required by § 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any liability, which may result from furnishing such information.

DATE	APPLICANT'S SIGNATURE
Verification of past employment on:	_____
Social Security #:	_____
Hire Date:	_____
Termination Date:	_____
Please list rehire date, if any:	_____
Job Classification:	_____
IF DRIVER: Type Tractor:	_____
Type of Trailer:	_____
# of States:	_____
# of Accidents:	_____
Describe applicant's job performance: (circle one)	
POOR FAIR GOOD EXCELLENT	
Reason for leaving your employment:	_____
Rehire Status:	_____

(THE FOLLOWING SECTION IS A REQUIREMENT OF FMCR 382.413)

Has applicant taken a controlled substance test while in your employ? _____
Has applicant taken an alcohol test while in your employ? _____
Has applicant ever tested positive for a controlled substance in the last 2 years? _____

Person furnishing information: _____ Title: _____
Method of Request: Telephone _____ Fax: _____ Mail: _____