

## 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. **PLEASE PRINT ALL ANSWERS CLEARLY.**

Last Name	First Name	M.I.	Social Security Number	Today's Date
Street Address		City	State	Zip
( )	( )			
Home Telephone Number	Cell Phone Number	Driver's License Number and State Issued		

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 **Note:** A conviction will not necessarily disqualify you from employment. If "Yes", complete the "Felony Conviction" form which can be obtained from your potential On-Site Supervisor. If you responded "Yes", the Felony Conviction form must accompany this application for employment.

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

### EDUCATION DATA:

School	Print name of school, city, state & phone number for each school	Number of Years Completed	Degree	Major Course of Study

**Skills:** List any job-related skills, qualifications, education, or information that support your application: \_\_\_\_\_

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used?  Yes  No If yes, identify name(s) and relevant dates:

\_\_\_\_\_ Date(s) \_\_\_\_\_

### IN CASE OF EMERGENCY, NOTIFY:

(1) \_\_\_\_\_ ( )  
 Name Telephone Number Relationship

(2) \_\_\_\_\_ ( )  
 Name Telephone Number Relationship

## 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:		
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Job Title:	Hourly Rate/Salary (Starting/End):	Fax Number (If Known):
Work Performed:		
Reason for Leaving:		



## 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 and 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 without 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.*

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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.

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# 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: \_\_\_\_\_