

General Employment Application

In compliance with Federal and State Employment Opportunities laws, qualified applicants are considered for all positions, promotions, training and other job related conditions without regard to race, religion, sex, national origin, age, marital status, disability, veteran status, or job related conviction record.

Name: Last: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Address for the last three years (If different than above)

Dates: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you legally employable in the US? _____

Have you worked for CE-Crocker before? _____

Are you currently employed? _____

How did you hear about CE-Crocker? _____

Do you have your own transportation for work? _____

This means you do not share a vehicle or depend on anyone else for transportation

Rate of pay expected? _____

Date you can start? _____

Education

Circle Highest Grade Completed: High School 1 2 3 4 College 1 2 3 4

Last school attended: _____ City, State: _____

Additional Education or Training: _____

Employment

Applicants need to supply five years of employment history

Company Name: _____ **Position:** _____

Dates of employment: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Job Title: _____

Job duties: _____

Reason for Leaving?: _____

May we contact this employer? _____

Company Name: _____ **Position:** _____

Dates of employment: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Job Title: _____

Job duties: _____

Reason for Leaving?: _____

May we contact this employer? _____

Company Name: _____ **Position:** _____

Dates of employment: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Job Title: _____

Job duties: _____

Reason for Leaving?: _____

Company Name: _____ **Position:** _____

Dates of employment: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Job Title: _____

Job duties: _____

Reason for Leaving?: _____

May we contact this employer? _____

Company Name: _____ **Position:** _____

Dates of employment: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Job Title: _____

Job duties: _____

Reason for Leaving?: _____

May we contact this employer? _____

References- Personal and/or Professional

Name: _____

Name: _____

Address: _____

Address: _____

City, State: _____

City, State: _____

Phone# _____

Phone# _____

Personal/Professional (circle one)

Personal/Professional (circle one)

Number of Years known: _____

Number of Years known: _____

Name: _____

Name: _____

Address: _____

Address: _____

City, State: _____

City, State: _____

Phone# _____

Phone# _____

Personal/Professional (circle one)

Personal/Professional (circle one)

Number of Years known: _____

Number of Years known: _____

Other Related Experience and/or training

Do you know how to operate a forklift? Explain your experience.

Do you know how to operate an articulating front end loader? If yes, how much experience do you have with one? What did you load? _____

Do you know how to operate a skid steer? If yes, how much experience do you have and what did you load? _____

Are you proficient in math skills? _____

To be read and signed by the applicant

I authorize Carolina Eastern-Crocker LLC to make an investigation and inquiries of my references, employment, medical history and employment related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Date: _____ Applicant's Signature: _____



Carolina Eastern, Inc.
Driver's Motor Vehicle Record Authorization Form

Driver's Full Name _____

Location ID # 89 CDL Driver _____ Non CDL Driver _____

Driver's License # _____ Expiration Date _____ State _____

Seasonal _____ Part-Time _____ Full Time _____

Date of Birth _____

I, (Print Name) _____, hereby authorize Carolina Eastern, Inc., or affiliate companies to obtain any and all information pertaining to my driving record from any state department of motor vehicles. This signed authorization will remain in effect as long as I am an employee of Carolina Eastern, Inc. and/or its affiliated companies. I also understand the information obtained will not be used in violation of any federal or state equal opportunity law or regulation.

I understand that I may be disqualified from employment considerations (applicants), or the use of a company vehicle if an unacceptable MVR results.

I understand that at any time during my employment the company and its affiliates may obtain a copy of my current Motor Vehicle Record.

I understand that a copy of my MVR will be sent to the location manager for review and then filed in my personnel file at that location.

I will notify the manager of the location for which I work immediately if my driver's license is suspended for any reason and I agree not to drive any company vehicles or my personal vehicle for company purposes while my license is under suspension.

Applicant's/Drivers Signature _____ Date _____

Note: All Faxed or scanned e-mail documents will be deemed an original copy.

Carolina Eastern, Inc.

Drug-Free Workplace Policy

We recognize alcohol and drug abuse as potential health, safety and security problems. It is expected that all employees will assist in maintaining a work environment free from the effects of alcohol, drugs or other intoxicating substances. Compliance with this substance abuse policy is made a condition of employment.

Employees are prohibited from the following when reporting for work, while on the job, on Company or customer premises or surrounding areas, or in any vehicle used for Company business:

- The unlawful use, possession, transportation, manufacture, sale, dispensation or other distribution of an illegal or controlled substance or drug paraphernalia;
- The unauthorized use, possession, transportation, manufacture, sale, dispensation or other distribution of alcohol; and
- Being under the influence of alcohol or having a detectable amount of an illegal or controlled substance in the blood or urine (“controlled substance” means a drug or other substance as defined in applicable federal laws on drug abuse prevention).

Any employee violating these prohibitions will be subject to disciplinary action up to and including termination.

Any employee convicted under any criminal drug statute for a violation occurring while on the job, on Company or customer premises, or in any vehicle used for Company business must notify the Company no later than 5 days after such a conviction. A conviction includes any finding of guilt or plea of no contest and/or imposition of a fine, jail sentence, or other penalty.

Drug and alcohol testing will be carried out in compliance with any applicable state and federal laws and regulations. Also the company will perform drug & alcohol testing on the pre-employment, post-accident, and for cause basis.

We recognize that employees suffering from alcohol or drug dependence can be treated. We encourage any employee to seek professional care and counseling prior to any violation of this policy.

I have read and understand the above drug policy and agree to its terms.

Employee Signature _____ Date _____

89 CE Crocker

Location Number

