

List any other name under which you have worked, or you were enrolled in school to assist us in checking your references and background:

Please check one of the following answers

Yes No

If hired, will you be able to provide proof that you are eligible to work in the United States?

If hired, will you now or in the future require the Company to provide sponsorship to be eligible (or remain eligible) for employment in the U.S. (e.g., H-1B visa status)?

Are you under 18 years of age?

What job are you applying for? (You must specify in order for your application to be processed):

Rate of Pay expected: \$ per

If hired, on what date will you be available to work?

Employment Experience

List each job held in the past 10 years. Start with your present or last job. Please account for any time lapses during which you were not employed, except for time lapses resulting from a medical condition or other disability. Include military service assignments. you may also include volunteer experience if you desire. If you need additional space, or if you wish to explain in detail the circumstances of your departure from a previous employer, please attach a separate sheet. We may contact the supervisors listed below.

Note for commercial vehicle driver positions: You must include any and all commercial driving experience in the past 10 years.

Note regarding military service: A dishonorable discharge is not an absolute bar to employment. Other factors will affect a final decision. Do not include information regarding service in a foreign country.

Dates: (Month/Year) to

Name and Address of Employer: Name:

Street: City:

State Country Zip Code

Supervisor's: Name

Title

Phone Number

Reason for Leaving:

Describe your position and responsibilities:

Dates: (Month/Year) to

Name and Address of Employer: Name:

Street:

City:

State

Country

Zip Code

Supervisor's: Name

Title

Phone Number

Reason for Leaving:

Describe your position and responsibilities:

Dates: (Month/Year) to

Name and Address of Employer: Name:

Street:

City:

State

Country

Zip Code

Supervisor's: Name

Title

Phone Number

Reason for Leaving:

Describe your position and responsibilities:

Dates: (Month/Year) to

Name and Address of Employer: Name:

Street: City:

State Country Zip Code

Supervisor's: Name

Title Phone Number

Reason for Leaving:

Describe your position and responsibilities:

Have you entered into any agreements with any former employer or other entity (for example, an agreement not to compete or confidentiality agreement) that may impact your ability to work for Shaheen Bros. Inc.? Yes or No

If you answered yes, please provide a copy of the agreement(s).

Describe the skills you have that would be relevant to the job you are applying for:

Please check one of the following answers:

Yes No

Have you ever been terminated for cause (i.e., violation of company policy)? If you answered yes, please explain:

Have you ever applied for any positions with Shaheen Bros. Inc.? If yes, when and what position?

Would you work on a temporary basis?

Would you work at night?

Can you travel if required by the position?

Will you work overtime if needed?

Do you want to work full time or part-time?

Specify amount if part-time:

Please list any certifications or award you currently have:

Educational Background

High School Completed all four years: Yes or No

Business or Trade School

College (Name) (Degree)

Postgraduate (Name) (Degree)

Computer Skills:

References

List three professional or personal references (not relatives) giving name, address, occupation, phone and relationship.

Name

Street City

State Country Zip Code

Occupation Phone

Relationship

Name

Street City

State Country Zip Code

Occupation Phone

Relationship

Name

Street City

State Country Zip Code

Occupation Phone

Relationship

Driving Information. (For positions requiring driving other than truck drivers)

Do you have a valid Driver's License? Yes or No

List your Driver's License information:

License#	State Registered	Exp. Date
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Please list and explain any traffic points or convictions in the last five (5) years, if any, other than parking violations:

Do you have a vehicle available for your use if needed for the position? Yes or No

THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED

I understand that this application is not intended to create, nor should it be construed to create, an express or implied contract of employment. It does not create contractual obligations of any kind. If hired, I will be employed at will. I understand that this means that either I am, or the employer is free to terminate the employment relationship at any time with or without cause or prior notice. I understand that no representative of the Company, other than the President, Treasurer or Executive Vice President has any authority to enter into an agreement for employment for any specified period of time or, in any way, to modify the at-will nature of the employment relationship.

I authorize the investigation into my background in compliance with the Fair Credit Reporting Act, including obtaining a criminal history report at any time prior to and if employed during, the course of my employment. I hereby give the Company permission to directly or through a third-party contact school, previous employers, references and other. I hereby release the Company and those it contacts from any liability whatsoever because of such contact and the information provided and received as a result of such contact.

I hereby agree that if I am offered employment, I will submit to a required drug test at the expense of the Company, and that a negative result is a condition of employment. I hereby authorize the release of the laboratory tests to which I have consented, for the purpose of determining the presence of drugs or their metabolites in my body to the Company, to the examining physician, medical review officer, substance abuse professionals, and/or other agents of the Company, with the understanding that the Company will review the results of these tests in connection with making a decision concerning my application for employment. Other than for the purpose of making a determination concerning my application for employment, I understand that the examining physician, medical review officer, substance abuse professionals, and/or other agents of the Company will not use or further disclose the information released pursuant to this authorization unless further expressly authorized by me or unless disclosure is required by law.

I understand that If I am offered and accept employment with the Company, I am prohibited from using or disclosing confidential and proprietary information that I have acquired during my employment for use other than for the benefit of the Company. I also understand that I may be required to sign a confidentiality agreement and/or non solicitation/non-disclosure agreement as a condition of the employment.

I understand that if I am considered for a driving position, I am subject to all DOT regulations as they apply to the position, including those regulations regarding physical examinations, as well as drug and alcohol testing procedures.

I understand that if I am considered for a route sales position, I must supply adequate automobile insurance coverage a minimum of \$100/\$300 liability.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in the refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Applicants Signature

Date