

EASTON COMPANIES

Employment Application

APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address					Apartment/Unit #					
City			State			ZIP				
Phone			E-mail Address							
Position Applied For			Date Available			Desired Wage				
How did you hear about this position?										
Do you have reliable transportation to and from work?										
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for any Easton Company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?						
Do you have any friends or relatives working for Easton Companies?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, state who & relationship?						
Do you currently have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please complete Drivers Licenses Information on Page 3						
Are you physically able to lift up to 70 lbs. & meet the demands of the job you are applying for?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain						
Do you have any condition which would require job accommodations?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
JOB SKILLS/QUALIFICATIONS										
Please list below the skills and qualifications you possess for the position for which you are applying:										
EDUCATION										
High School Diploma/GED?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?					
High School					Location					
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College					Location					
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other					Location					
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

WORK EXPERIENCE			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Full Name		Relationship	
Company		Phone	
Full Name		Relationship	
Company		Phone	

DRIVERS LICENSE INFORMATION

State		License Number		Expiration Date	
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List all types held:

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
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Has any license, permit or privilege ever been suspended or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
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If the answer is yes to any of the above questions, please provide an explanation below:

Accidents over the Past 3 Years (in none, please state "None"):

Date of Accident	Nature of Accident	Fatalities/Injuries
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Traffic Convictions and/or Forfeitures over the Past 3 Years (in none, please state "None"):

Date	Location	Charge	Penalty
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CDL INFORMATION - N/A

Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when & explain?	
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Driving Experience:

Class	Type of Equipment	Employer(s)	Date From	Date To	Number of Miles
Straight Truck					
With Trailer					
Tractor/Trailer					
Other					

List States operated in the last 10 years:

List special driving courses or training and the dates you took them:

Which safe driving awards do you hold and from whom?

DISCLAIMER AND SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this on this application shall be grounds for my dismissal. I authorize investigation of all statements contained herein and references listed to give you any and all information concerning my previous employment and release all parties from liability for any damage that may result from furnishing same to you. I understand that this employment application does not constitute a contract of employment. I authorize Easton Companies to request and obtain my law enforcement and motor vehicle records for considering my application for employment. I understand that as a DOT employer, Easton Companies is required to obtain specific past employment and drug and alcohol-testing information as outlined below. I acknowledge that any offer of employment is conditional upon my successful completion of a DOT physical examination and drug screen as part of Easton Companies' pre-employment policy. I further understand that if employed I will be subject to alcohol and/or drug testing for random, post-accident, return to duty, and reasonable cause as part of Easton Companies' Substance Abuse Policy.

Easton Companies complies with Federal Motor Carrier Safety Regulations and, therefore, must investigate, at minimum, information from all previous employers that employed you to operate a commercial motor vehicle within the previous three years. The investigation request will contain general driver identification and employment verification information and data for accidents as defined by the regulations in the three-year period preceding the date of the employment application. Easton Companies must also request information from all previous DOT regulated employers that employed you within the previous three years from the date of the employment application in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40 of the regulations. The investigation request will include whether, within the previous three years, you had violated the alcohol and controlled substances prohibitions under the regulations and whether you failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to the regulations. If the previous employer does not know this information, Easton Companies must obtain documentation of your successful completion of the SAP's referral directly from you. For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employment of the referring employer, information on whether the driver had the following testing violations subsequent to a completion of a referral must be obtained: alcohol tests with a result of 0.04 or higher alcohol concentration; verified positive drug tests; refusals to be tested (including verified adulterated or substituted drug test result).

The following are your rights regarding the investigative information outlined above that is obtained by Easton Companies:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant
Signature

Date