



321 North Third St.
Williamsburg, Ohio 45176
Telephone: 513-724-7000

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Eastern Area Specialty Transport, Inc. does not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, sex, ancestry, age, or qualifying handicap. No question on this application is intended to secure information to be used for such discrimination.

DATE _____
 SOCIAL SECURITY NUMBER _____
 POSITION DESIRED: _____
 EXPECTED SALARY \$ _____

PRINT ALL INFORMATION

NAME: (LAST) (FIRST) (MIDDLE)		
PRESENT ADDRESS: (NUMBER, STREET)		PHONE NUMBER
(CITY, STATE, ZIP CODE)		
CHECK ALL TYPES OF WORK YOU WILL ACCEPT:		
<input type="checkbox"/> PRN	<input type="checkbox"/> REGULAR	<input type="checkbox"/> DAYS
<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> NIGHTS
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> EVENINGS	<input type="checkbox"/> ROTATE SHIFTS/DAYS
<input type="checkbox"/> 24 HOUR SHIFT	<input type="checkbox"/> OTHER: _____	
DATE AVAILABLE FOR EMPLOYMENT:	ARE YOU UNDER 21 YEARS OF AGE?	DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE CRIME AND DATE:		
INDICATE PERSON TO NOTIFY IN CASE OF EMERGENCY: (NAME, ADDRESS, AND PHONE NUMBER)		
NAMES OF RELATIVES/FRIENDS EMPLOYED BY E.A.S.T.: (NAME AND RELATIONSHIP)		
WERE YOU EVER EMPLOYED BY E.A.S.T. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____ REASON FOR LEAVING: _____		
IF YOU HAVE ANY PROFESSIONAL REGISTRIES OR CERTIFICATES, PLEASE DESCRIBE: (LIST TYPE AND EXPIRATION DATES)		

PERSONAL REFERENCES – (NOT FORMER EMPLOYERS OR RELATIVES)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

EDUCATIONAL RECORD

CIRCLE HIGHEST	ELEMENTARY	HIGH SCHOOL	COLLEGE
GRADE COMPLETED:	1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16

	NAME AND LOCATION OF SCHOOL	FIELD OF STUDY		DIPLOMA OR DEGREE
HIGH SCHOOL	Name			DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO
	City and State			
COLLEGE OR OTHER SCHOOL	Name			TYPE DEGREE:
	City and State			
TECHNICAL SCHOOL	Name			TYPE CERTIFICATION:
	City and State			

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS, WHICH YOU FEEL WOULD ESPECIALLY QUALIFY YOU FOR WORK WITH THE COMPANY?

CERTIFICATIONS AND DRIVER'S LICENSE INFORMATION

EMT-B EMT-I EMT-P STATE _____ EXPIRATION DATE: _____ CPR EXP DATE: _____

ACLS - EXP: DATE _____ PALS - EXP. DATE _____ BTLS – EXP. DATE _____

DRIVER'S LICENSE NUMBER: _____ STATE _____ EXPIRES _____

HAVE YOU EVER BEEN CONVICTED OF A TRAFFIC OFFENSE? YES NO

IF YES, DESCRIBE THE OFFENSE AND GIVE THE DATE(S): _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OFFENSE IN ANY STATE: YES NO

IF YES, DESCRIBE THE OFFENSE AND THE DATE(S). LIST THE LOCATION OF THE COURT WHERE YOU WERE CONVICTED:

PREVIOUS EMPLOYMENT – (LIST LAST OR PRESENT EMPLOYER FIRST – LIST ALL EMPLOYERS)

Name of Company		Complete Address			Phone
From (Mo. - Yr.)	To (Mo. – Yr.)	Job Title & Dept.	SALARY		Reason For Leaving
			Starting	Ending	
Name of Company		Complete Address			Phone
From (Mo. - Yr.)	To (Mo. – Yr.)	Job Title & Dept.	SALARY		Reason For Leaving
			Starting	Ending	
Name of Company		Complete Address			Phone
From (Mo. - Yr.)	To (Mo. – Yr.)	Job Title & Dept.	SALARY		Reason For Leaving
			Starting	Ending	
Name of Company		Complete Address			Phone
From (Mo. - Yr.)	To (Mo. – Yr.)	Job Title & Dept.	SALARY		Reason For Leaving
			Starting	Ending	
Name of Company		Complete Address			Phone
From (Mo. - Yr.)	To (Mo. – Yr.)	Job Title & Dept.	SALARY		Reason For Leaving
			Starting	Ending	
Name of Company		Complete Address			Phone
From (Mo. - Yr.)	To (Mo. – Yr.)	Job Title & Dept.	SALARY		Reason For Leaving
			Starting	Ending	

I certify that the information contained in this application for employment is true and correct to the best of my knowledge and belief, and, in this connection, I understand and agree that any misrepresentation, omission, falsification of information herein requested, including that requested in my physical(s) and/or drug tests, constitutes grounds for immediate dismissal from employment at Eastern Area Specialty Transport, Inc. I hereby authorize Eastern Area Specialty Transport, Inc. to investigate my past employment, education, personal characteristics, financial, and other related matters as may be necessary in arriving at an employment decision, and I understand that any employment is conditioned upon receipt of satisfactory reference and criminal background checks.

I hereby release any employers, schools, personal organizations, or any other entity and Eastern Area Specialty Transport, Inc. from any and all liability potentially incurred in making or responding to inquiries made in connection with my employment application and the information contained therein, and especially authorize any such entities or persons to release information to Eastern Area Specialty Transport, Inc. or its agents concerning my prior employment, education, and experience.

I hereby authorize and agree to submit to a drug screening test, and if employed, to additional physical examinations and/or drug tests as deemed appropriate by Eastern Area Specialty Transport, Inc. I understand that failing to pass any of these physical examinations or drug screen tests may result in my being excluded from employment or terminated from employment, if employed.

I further understand that if employed, my employment is at will and has no specific term or duration.

It is understood that this application will remain active for consideration for six months.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

INTERVIEW COMMENTS:

SIGNATURE/DATE: _____

DATE OF INTERVIEW: _____ HIRE APPL. ON HOLD NOT ELIGIBLE FOR HIRE

IF HIRED, DATE OF HIRE: _____ START DATE: _____ POSITION: _____

HOURLY STARTING WAGE: _____ FULL TIME PART TIME STARTING SHIFT: _____

DRIVING RECORD CLEARED: DATE: _____ DRUG SCREEN DATE: _____

CRIMINAL HISTORY CLEARED: DATE: _____ PHYSICAL EXAMINATION DATE: _____

COPIES ON FILE: DRIVER'S LICENSE CPR EMT ACLS PALS BTLS OTHER: _____