

EMPLOYMENT APPLICATION

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This COMPANY , as defined on page 3, is an Equal Opportunity Employer, which prohibits discrimination based on age, sex, race, color, marital status, condition of disability, religious creed, national origin, or any other non-merit factor. Reasonable accommodations will be made for disabled persons upon request. NOTE: All information provided is subject to verification.		
Position Applied For:		
Referred By (optional):		
Availability (Select all that apply):		
APPLICANT INFORMATION		
Name: SSN:		
Current Address:		
Street Address City State Zip		
Home Cellular		
DECLARATIONS		
Are you at least 18 years of age?		
Are you legally permitted to work in the United States?		
Do you hold a current, valid driver's license? Yes If so, in what state? Expiration Date:		
PERSONAL REFERENCES		
Provide the name and telephone number for one <u>personal</u> reference. This should not be a relative or a current or previous employer. You may also attach a letter of reference or recommendation.		
Reference #1 Name: Phone Number:		
How long has this person known you? Where do they live?		
SPECIAL SKILLS AND LICENSES		
Identify any equipment or machines which you can operate or use with proficiency, as well as any special skills, languages, licenses or certificates you have acquired, that you feel would relate to the position being applied for. If you run out of room you may use the back of the form.		

EDUCATION		
Did you graduate from high school or earn a General Equivalency Diploma (GED)? Yes No If so, what year did you graduate?		
Have you attended a college or university? Yes No If so, list the name of each institution, the degree or certification earned, and the year in which it was or will be awarded.		
Institution / Location	Dearee / Certificate Year	
Institution / Location	Degree / Certificate Year	
Institution / Location Are you currently a student?	Decree / Certificate Year	
If so, what is your current status? Full-Time	Part-Time Taking a Break from Studies	
EXPERIE	NCE - PART A	
Have you ever been employed by the COMPANY or If yes, what were your dates of employment?	an affiliate?	
· · · · · · · · · · · · · · · · · · ·	ch position?	
Do you have any relatives who presently work for th If yes, what are their names?		
	NCE - PART B	
Are you currently employed? Yes No Most Recent Employer: Supervisor's Name: Dates Employed: to May we contact this supervisor? Yes No	Location: Position: Phone:	
Previous Employer #1:	Location:	
Supervisor's Name:	Position:	
Dates Employed: to	Phone:	
May we contact this supervisor? Yes No	· · · · · · · · · · · · · · · · · · ·	
Previous Employer #2:	Location:	
Supervisor's Name	Position:	
Dates Employed: toto	Phone:	
May we contact this supervisor?		
Previous Employer #3:	Location:	
Supervisor's Name: Dates Employed: to	Position: Phone:	
Dates Employed:toMay we contact this supervisor?YesNo		
	JNITY QUESTIONNAIRE (OPTIONAL)	
	npliance with EEO laws and guidelines. Completion is strictly	
voluntary.		
Race: Hispanic/Latino	White Two or More Races	
Black/African American	Asian Native Hawaiian/Other Pacific Islander	
American Indian/Alaska Native		
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE CONTINUED (OPTIONAL)		
Are you a Veteran of the Armed Forces in the United States of America?		
If yes, what were your dates of service?		
In which branch did you serve?		

READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

The COMPANY includes, but is not limited to: Maine Kenworth, LLC; Green Mountain Kenworth, Inc.; Yankee Trucks, LLC; Patsy's, Inc.; Patsy's Leasing Corp.; Profile's Stateline RV, Marine and Auto Superstore, LLC; and NorthEast Logistics, Inc.

Applicant Responses: I represent that my responses set forth in this Application are truthful, accurate and complete. Any and all false or inaccurate statements made by me in this Application or otherwise during the employment evaluation process shall be grounds both for rejection of my Application for employment, and, should I be hired by the COMPANY, termination of my employment.

References: See Authorization for Release of Personal Information below.

Non-Binding Application and Interview Process: Submission of this Application does not entitle me to be interviewed by the COMPANY. Further, nothing in this Application or in the Employment process shall be construed as either an offer of employment or an obligation on the part of the COMPANY to provide any benefit to me.

Duration of This Application: This Application shall be pending, until withdrawn by me, until the COMPANY makes a decision on whether or not to hire me, or until after submission of this Application to the COMPANY, whichever occurs first. If no action is taken on my Application within 3 months, I understand that I must re-apply to the COMPANY in order to be considered for employment.

Employment at Will: All COMPANY employees are 'at will', which means that both the COMPANY and its employees are free to terminate the employee relationship at any time and at the sole discretion of either party. I understand that no COMPANY supervisor or other employee has the authority to alter the nature of this employer/employee relationship.

Compliance with Rules and Policies: Should I be employed by the COMPANY, I agree to comply with any and all rules and policies of the COMPANY.

I have read and fully understand the above.

SIGNATURE OF APPLICANT

DATE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I have furnished information for use in reviewing my background and qualifications. In this connection, I,

, hereby authorize the

investigation of my past and present work, character, education, military and court conviction records to ascertain any and all information which may be pertinent to my employment qualifications. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorized release, will be considered in determining my suitability for employment by the COMPANY. I also certify that any persons, agencies, or business that may furnish such information concerning me shall not be held accountable for releasing said information. I do hereby release said persons, agencies, or businesses from any and all liability which may be incurred as a result of furnishing such information. A photocopy or fax-copy of this release form will be valid as an original, even though said copy does not contain an original signature.

I have read and fully understand the above.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

APPLICANT'S SOCIAL SECURITY NUMBER