This form is provided as a sample and may not be suitable for every situation. This form should not be considered legal advice or legal opinion. There may be state or municipality specific information that would affect your use of this form. You should review applicable law in your jurisdiction and consult experienced counsel for legal advice. If you use this form (either "as is" or by modifying the form), you are responsible for all content.

Mid-Atlantic Transport Logistics Corp.
EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE Today's Date: _____

First Name *MI* *Last Name* *Preferred Name/Nickname*

Street Address *City* *State* *Zip Code*

Phone *Alternate/ Phone* *Email Address*

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: ___ Full Time ___ Part Time ___ Temporary

What schedules would you prefer? ___ Weekdays ___ Weekends ___ Evenings ___ Nights

How did you hear about us? Walk In Referral Name: Advertisement Where: Other:

Have you worked for this company before? ___ No ___ Yes Dates:

Do you know anyone who works here? ___ No ___ Yes Name:

Desired Pay: Hourly Pay (Minimum, if applicable) $_____ Annual Pay $_____ Minimum $_____ Desired

When are you able to start work? Date: _____

In what local area do you prefer to work? ___

Position desired: ___

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? ___ Yes ___ No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Mid-Atlantic Transport will verify the status of every individual offered employment with the

***Mid-Atlantic Transport** is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Mid-Atlantic Transport complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Mid-Atlantic Transport also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.*

this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age?	___ Yes	___ No
If yes, can you furnish a work permit?	___ Yes	___ No
Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?	___ Yes	___ No

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

Massachusetts applicants may include any verified work performed on a volunteer basis

	COMPANY NAME			YOUR POSITION and TITLE
FROM _____ /_____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO _____ /_____ Month Year	TELEPHONE NUMBER ( )	TERMINATION ___ VOLUNTARY ___ INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES			

	COMPANY NAME			YOUR POSITION and TITLE
FROM _____ /_____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO _____ /_____ Month Year	TELEPHONE NUMBER ( )	TERMINATION ___ VOLUNTARY ___ INVOLUNTARY		REASON

	BRIEFLY DESCRIBE YOUR MAJOR DUTIES

	COMPANY NAME			YOUR POSITION and TITLE
FROM _____ / _____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO _____ / _____ Month Year	TELEPHONE NUMBER ( )	TERMINATION ___ VOLUNTARY ___ INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES			

	COMPANY NAME			YOUR POSITION and TITLE
FROM _____ / _____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO _____ / _____ Month Year	TELEPHONE NUMBER ( )	TERMINATION ___ VOLUNTARY ___ INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES			

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the clien t to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED: **DATE:**

For Massachusetts Applicants Only

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.

For Maryland Applicants Only

POLYGRAPH NOTIFICATION AND ACKNOWLEDGMENT:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING $100.

Signature of Applicant _____ Date _____

For California Applicants Only

I acknowledge that in connection with my application for employment or subsequent employment, Mid-Atlantic Transport may collect, assemble, evaluate, compile, report, transmit, transfer or communicate information on my character, general reputation, personal characteristics or mode of living which are matters of public record without using a third party investigative consumer reporting agency. Matters of public record are defined as records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.

I understand that such public record information generally must be disclosed to me within seven days of the date the information is received by my prospective employer, regardless of whether it is received orally or in writing. I understand that I may waive my right to receive such information.

Signature of Applicant _____ Date _____

By checking this box ☐, I hereby waive my right to any such disclosure.

For California Applicants Only *(Optional)*

I am providing my contact information to the Company for limited purposes only and consider such information to be private. I understand that from time to time individuals file class action lawsuits against companies and that the mere filing of a lawsuit does not mean that the claims in the lawsuit have merit. I also understand that it is possible that individuals or their attorneys may ask that the Company provide them with my contact information as part of a class action lawsuit. I do not consent to the Company providing my contact information to any individual or attorney in any such lawsuit that may be filed, unless I later give my express written consent, or unless the Company is required to do so by law or the Company determines that I am a witness to that lawsuit.

Signature of Applicant _____ Date _____