

Application for Employment

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title?	
Have you ever been employed by Northshore Trailer & Equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current company employee @ Northshore Trailer & Equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity? Check all that apply: <input type="checkbox"/> Ad in newspaper			
<input type="checkbox"/> Walk-in <input type="checkbox"/> Magazine <input type="checkbox"/> Ad on <i>Craig's List</i>			
<input type="checkbox"/> Referral by employee. (Employee's Name: _____) <input type="checkbox"/> Other:			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: Northshore Industrial LLC *dba* Northshore Trailer & Equipment reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Northshore Industrial LLC dba Northshore Trailer & Equipment and/or Jordan Investments of St. Tammany LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Northshore Industrial LLC dba Northshore Trailer & Equipment and/or Jordan Investments of St. Tammany LLC serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first THREE MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____

Date: _____

**DISCLOSURE AND RELEASE FORM
EMPLOYEE DRIVING RECORD INFORMATION**

1. In connection with my employment (or my application for employment), I hereby give permission to Northshore Industrial, LLC *dba* Northshore Trailer & Equipment, Parish Trailer & Equipment, LLC *dba* Northshore Trailer & Equipment and/or Heritage Holdings, LLC (hereinafter referred to as Employer), to obtain my state driving record (also known as my motor vehicle record or MVR) for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorize, without reservation, any party including Eagan Insurance, contacted by Employer to furnish the above-mentioned information and release them from any and all liability which may result from furnishing such information.
4. This authorization shall remain on file by Employer for the duration of my employment, and will serve as ongoing authorization for Employer to procure my state driving record at any time during my employment period.
5. I understand that Employer may take adverse action affecting my employment, based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:
 - Employer must notify me in writing of any such adverse action.
 - I have the right to receive a copy of the driving record upon which the adverse action was based.
 - I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address, and phone number of the consumer reporting agency that provided my driving record to Employer.
 - I have the right to obtain a free copy of my driving record from the agency that provided it, if such request is made within 60 days from the date that Employer took adverse action.
 - I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it, and request that errors be corrected.

Employee's Name (PRINT)

Employee's Signature

Date Signed

Social Security Number

Driver's License Number

State of Issuance

Date of Birth