



Carolina Eastern-Crocker, LLC

8610 Route 237, Stafford NY 14143

Administrative Specialist

In compliance with Federal and State Employment Opportunity laws, qualified applicants are considered for all positions, promotions, training and other job related conditions without regard to race, color, religion, sex, national origin, age, marital status, disability, veteran status, or job-related conviction record.

Date of Application: _____

Name: Last

First

Middle

Phone: Home ()

Mobile ()

Street Address: _____

City/ST/Zip: _____

Number of Years at this Address? _____

Addresses for last three years (if different from above): _____

Dates From: _____

To: _____

Street Address: _____

City/ST/Zip: _____

Dates From: _____

To: _____

Street Address: _____

City/ST/Zip: _____

Drivers License Number: _____

Class: _____

ST: _____

BEST email address to contact you: _____

ACCIDENT RECORD FOR THE PAST 3 YEARS ☐ Check here if none

	DATE	NATURE OF ACCIDENT	INJURIES/FATALITIES
Last Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS)

☐ Check here if none

	LOCATION	DATE	CHARGE	PENALTY
Most Recent:				
Next Previous:				
Next Previous:				

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____



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Are you legally employable in the US?

Are you currently employed? If not, how long since your last employment?

How did you hear about this position?

Do you have your own transportation for work? (you do not share a vehicle or depend on anyone else for transportation)

Rate of pay expected?

Date when you could start?

EMPLOYMENT HISTORY: (begin with the most recent)

Company Name:	City/ST/Zip:
Dates of Employment From:	To:
Supervisor:	Phone:
May we contact? Yes ____ No ____	Job Title:
Job Description and Duties:	
Reason For Leaving:	

Company Name:	City/ST/Zip:
Dates of Employment From:	To:
Supervisor:	Phone:
May we contact? Yes ____ No ____	Job Title:
Job Description and Duties:	
Reason For Leaving:	

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EMPLOYMENT HISTORY: (continued)

Company Name:	City/ST/Zip:
Dates of Employment From:	To:
Supervisor:	Phone:
May we contact? Yes ____ No ____	Job Title:
Job Description and Duties:	
Reason For Leaving:	

Company Name:	City/ST/Zip:
Dates of Employment From:	To:
Supervisor:	Phone:
May we contact? Yes ____ No ____	Job Title:
Job Description and Duties:	
Reason For Leaving:	

EDUCATION:

School Address	Dates Attended	Major	Diploma/Degree
High School/GED:			
College:			
College:			
Technical/Other:			



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Honors, Awards, or Special Achievements:

Specialized Training, Skills, or Licenses:

Offices Held- Professional, Trade, Business, Civic (include dates):

What skills or experiences make you a desirable candidate for this position?

What is your computer experience and what software have you utilized?

Any additional skills, qualifications or achievements you would like us to consider?

PERSONAL/PROFESSIONAL REFERENCES:

Name:	Phone:
Company:	Relationship:
Address:	City/ST/Zip:
Number of Years Known:	

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PERSONAL/PROFESSIONAL REFERENCES (CONTINUED):

Name:	Phone:
Company:	Relationship:
Address:	City/ST/Zip:
Number of Years Known:	

Name:	Phone:
Company:	Relationship:
Address:	City/ST/Zip:
Number of Years Known:	

Name:	Phone:
Company:	Relationship:
Address:	City/ST/Zip:
Number of Years Known:	

I authorize Carolina Eastern-Crocker, LLC to make an investigation and inquiries of my references, employment, medical history, and employment related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries relating to my application. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge.

Signed: _____

Date: _____



Carolina Eastern, Inc.
Driver's Motor Vehicle Record Authorization Form

Driver's Full Name _____

Location ID # 89 CDL Driver _____ Non CDL Driver _____

Driver's License # _____ Expiration Date _____ State _____

Seasonal _____ Part-Time _____ Full Time _____

Date of Birth _____

I, (Print Name) _____, hereby authorize Carolina Eastern, Inc., or affiliate companies to obtain any and all information pertaining to my driving record from any state department of motor vehicles. This signed authorization will remain in effect as long as I am an employee of Carolina Eastern, Inc. and/or its affiliated companies. I also understand the information obtained will not be used in violation of any federal or state equal opportunity law or regulation.

I understand that I may be disqualified from employment considerations (applicants), or the use of a company vehicle if an unacceptable MVR results.

I understand that at any time during my employment the company and its affiliates may obtain a copy of my current Motor Vehicle Record.

I understand that a copy of my MVR will be sent to the location manager for review and then filed in my personnel file at that location.

I will notify the manager of the location for which I work immediately if my driver's license is suspended for any reason and I agree not to drive any company vehicles or my personal vehicle for company purposes while my license is under suspension.

Applicant's/Drivers Signature _____ Date _____

Note: All Faxed or scanned e-mail documents will be deemed an original cop