



Application for Employment

Thank you for your interest in North Atlantic Corp. (NAC). It is important that you complete the entire form if you want your application to be reviewed. Resumes may be attached along with the completed application.

We will contact you if we have interest in scheduling an interview. If we choose not to schedule an interview at this time, we will keep your application active for 30 days.

North Atlantic Corp. (NAC) does not unlawfully discriminate in its employment practices and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

Position Applied For	Date Applied	Salary or Hourly Pay Expected
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Employment Desired Full Time Part Time Temp / Seasonal Educational / Co-Op Shift Desired 1st 2nd 3rd Any shift

Referral Source <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet site <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Other	List the name of source:
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Name	Cell Phone (Best time to call)	Home Phone (Best time to call)
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Street	E Mail
If you are under 18, can you supply a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

City	State	Zip Code	Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date you are available to start:	Are you able to perform the “essential functions” of the job for which you are applying (with or without reasonable accommodation)? This may be addressed at a later stage and only to the extent permitted by law.
Can you work? <input type="checkbox"/> Early Morn. <input type="checkbox"/> Nights <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information on the essential job functions to respond.	

Education	Name of School / Location (include city, state)	# Years Completed	Diploma, Degree or Equivalent
College: List Major			
College: List Major			
High School / Vocational School / GED			

Licenses / Memberships / Certifications (list)

Computer Skills: check off the skills you are proficient with (2 or more years experience working with)

<input type="checkbox"/> PC Basics / User	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Crystal Reports
<input type="checkbox"/> Email	<input type="checkbox"/> Auto Cad	<input type="checkbox"/> Social Networking	<input type="checkbox"/> Power Point	<input type="checkbox"/> Help Desk
<input type="checkbox"/> Internet	<input type="checkbox"/> Kitchen Design	<input type="checkbox"/> Photo Shop	<input type="checkbox"/> Web Design	<input type="checkbox"/> Other:

Courses or Training: (that you completed)

<input type="checkbox"/> Lean Manufacturing	<input type="checkbox"/> Management / Leadership	<input type="checkbox"/> Time Management	<input type="checkbox"/> Project Management	<input type="checkbox"/> Millwork Sales
<input type="checkbox"/> Logistics / Shipping	<input type="checkbox"/> International Business	<input type="checkbox"/> Conflict Management	<input type="checkbox"/> Blue Print Takeoffs	<input type="checkbox"/> Marketing
<input type="checkbox"/> Purchasing	<input type="checkbox"/> Internet Sales	<input type="checkbox"/> Accounting / Finance	<input type="checkbox"/> Estimating	<input type="checkbox"/> Green Building
<input type="checkbox"/> Production / Operations	<input type="checkbox"/> Order Entry	<input type="checkbox"/> Credit / Collections	<input type="checkbox"/> Inside Sales	<input type="checkbox"/> Customer Service

Tool Skills: check off the skills you are proficient with (2 or more years experience working with)

<input type="checkbox"/> Table Saw	<input type="checkbox"/> Band Saw	<input type="checkbox"/> Air Guns	<input type="checkbox"/> Spray Paint Booth	<input type="checkbox"/> Other
<input type="checkbox"/> Radial Arm Saw	<input type="checkbox"/> Drill Press	<input type="checkbox"/> Tape Measure	<input type="checkbox"/> Metal Welding	<input type="checkbox"/> Other
<input type="checkbox"/> Planer	<input type="checkbox"/> Jointer	<input type="checkbox"/> Fork lift Certified	<input type="checkbox"/> CNC Machine Experience	<input type="checkbox"/> Other

Employment History

Employer:	Phone:	From:	To:
Full Address:	Position:		
Supervisors Name/Title:	Duties:		
Reason for leaving:	Salary / Compensation <input type="checkbox"/> Hourly AAA <input type="checkbox"/> Salary/wk AA <input type="checkbox"/> Other		
What did you like most about your position?	Like least?		

Employer:	Phone:	From:	To:
Full Address:	Position:		
Supervisors Name/Title:	Duties:		
Reason for leaving:	Salary / Compensation <input type="checkbox"/> Hourly AA <input type="checkbox"/> Salary/wk AA <input type="checkbox"/> Other		
What did you like most about your position?	Like least?		

Employer:	Phone:	From:	To:
Full Address:	Position:		
Supervisors Name/Title:	Duties:		
Reason for leaving:	Salary / Compensation <input type="checkbox"/> Hourly AAA <input type="checkbox"/> Salary/wk AA <input type="checkbox"/> Other		
What did you like most about your position?	Like least?		

If there is any present or past employer whom you do not want us to contact for a work reference? Please explain:

Have you entered into an agreement with any former employer or other party (such as a non competition agreement) that might, in any way, restrict your ability to work for our Company? Yes No Explain:

References

Name	Title	Relationship to You	Telephone #	E-Mail

CDL DRIVER APPLICATION SUPPLEMENTAL FORM

APPLICANTS NAME

PREVIOUS ADDRESSES DURING LAST 3 YEARS

DATES (To and From)	Street	City	State	Zip Code

UNEXPIRED DRIVER'S LICENSES OR PERMIT

State	Number	Class	Expiration Date

If your license, permit, or privilege to operate a motor vehicle has ever been denied, revoked or suspended, please explain here.

MOTOR VEHICLE ACCIDENT RECORD FOR THE PAST 3 YEARS

Date	Nature of Accident	Location	Fatalities / Injuries

VIOLATION OF MOTOR VEHICLE LAWS AND ORDINANCES FOR THE PAST 3 YEARS (CONVICTIONS & FORFEITURES)

Other than parking violations

Date	Violation	Location	Charge or Penalty

DRIVING EXPERIENCE

Type of Equipment	Dates Operated	Extent of Experience Operating Equipment
Straight Truck		
Tractor & Semi Trailer		
Full Trailer		
Other (Please detail)		

DRUG & ALCOHOL TEST RESULTS, TREATMENT RECORDS AND REFUSAL TO TEST HISTORY

The following questions are required by 49 CFR Part 40.25. Have you in the last two years:	YES	NO
Had any DOT required alcohol tests with a result of 0.04 or higher alcohol concentration?		
Had any verified positive DOT required drug tests?		
Refused to be tested (including having a verified adulterated or substituted sample)?		
Had any other violation of DOT agency drug or alcohol testing regulations?		
If you violated a DOT drug and/or alcohol regulation, did you successfully complete DOT return to duty requirements (including follow-up tests)?		
Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you?		
Were there any situations in which you refused to submit (including positive by adulteration or substitution) to a pre-employment test for a DOT employer that did not hire you?		

Applicant Statement

- I certify that all the information submitted by me on this application is true and complete and I understand if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected and I also understand that if hired, my employment may be terminated at any time.
- To the extent permitted by state and federal law, I agree to a pre-placement drug test by any licensed laboratory designated by the employer and authorize any licensed testing facility to provide the results of the drug test to the employer. I understand my application may be rejected for employment, or terminate me from any initial hire pending receipt of the results of any pre-placement drug test, which results are not acceptable to the employer.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- I understand that this employer does not unlawfully discriminate in its employment practices and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.
- I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
- 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.
- If hired, I understand I will be required to provide proof of identify and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
- If hired, I agree to conform to the Company's rules and regulations.
- If hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

Sealed Records: Disclosure of information relating to such records.

- An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of applicant

Date

Print name

Social Security Number:

_____ The Company will use this information only for employment purposes and will make reasonable efforts to safeguard the privacy of this information.