



TRANSFER EXPRESS, INC.®

7650 TYLER BLVD. MENTOR, OHIO 44060
Phone: 440.918.1900 • Fax: 440.918.1917
www.txpress.com • careers@txpress.com

EMPLOYMENT APPLICATION

DATE _____

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT: Read terms of employment carefully. Please print answers to every question. Transfer Express does not discriminate because of race, color, religion, national origin, age, sex, disability, handicap or other protected class. If you need accommodation to complete the application process, please contact the Director, Human Resources as soon as possible.

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|-----------------|---|-----------------------|-------|--|-------|
| PERSONAL | FIRST NAME | MIDDLE | LAST | | |
| | PRESENT STREET ADDRESS | CITY | STATE | ZIP | PHONE |
| | PERMANENT STREET ADDRESS | CITY | STATE | ZIP | PHONE |
| | POSITION APPLIED FOR | SALARY DESIRED | | SOCIAL SECURITY NUMBER | |
| | EARLIEST DATE AVAILABLE | HOW WERE YOU REFERRED | | | |
| | HAVE YOU EVER WORKED FOR TRANSFER EXPRESS, INC.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATES. | | | | |
| | HAVE YOU PREVIOUSLY APPLIED AT TRANSFER EXPRESS, INC.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE. | | | | |
| | TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY | | | SHIFT PREFERENCE: <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD | |

| | | | | | |
|------------------|---------------------------|--------------------------|-----------------|------------------------|-------|
| EDUCATION | LIST ALL SCHOOLS ATTENDED | NAME & ADDRESS OF SCHOOL | Graduate Yes/No | Degree/Type of Diploma | Major |
| | High School | _____ | | | |
| | College/University | _____ | | | |
| | Graduate School | _____ | | | |
| | Business/Technical | _____ | | | |

| | | |
|----------------|---|--|
| GENERAL | Are you on a layoff and subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO | Have you been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO (Such conviction may be relevant if job related but does not bar you from employment.) State nature of offense, court and date of conviction. |
| | Will you work overtime if required? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | Are you at least 18 years of age? or <input type="checkbox"/> YES <input type="checkbox"/> NO If under 18, can you furnish a work permit? | |
| | Will you consent to a pre-employment drug screening? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

EMPLOYMENT HISTORY

LIST MOST RECENT EMPLOYERS FIRST. ACCOUNT FOR ALL PERIODS SINCE LEAVING SCHOOL. USE ADDITIONAL SHEET IF NECESSARY.

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|--|------------------------------|--|--|-------|
| COMPANY | | ADDRESS | | PHONE |
| STARTING DATE: MO. YR. | ENDING DATE: MO. YR. | BEGINNING SALARY: \$ PER | FINAL SALARY: \$ PER | |
| SUPERVISOR (NAME AND TITLE): | | YOUR POSITION (TITLE): | | |
| DESCRIPTION OF DUTIES: | | | | |
| | | | | |
| REASON FOR LEAVING: | | | | |
| MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| MAY WE CONTACT YOU AT YOUR PRESENT EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| IF YES, GIVE PHONE NUMBER (AREA CODE FIRST): _____ | | | | |

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|--------------------------------|------------------------------|--|--|-------|
| COMPANY | | ADDRESS | | PHONE |
| STARTING DATE: MO. YR. | ENDING DATE: MO. YR. | BEGINNING SALARY: \$ PER | FINAL SALARY: \$ PER | |
| SUPERVISOR (NAME AND TITLE): | | YOUR POSITION (TITLE): | | |
| DESCRIPTION OF DUTIES: | | | | |
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| REASON FOR LEAVING: | | | | |

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|--------------------------------|------------------------------|--|--|-------|
| COMPANY | | ADDRESS | | PHONE |
| STARTING DATE: MO. YR. | ENDING DATE: MO. YR. | BEGINNING SALARY: \$ PER | FINAL SALARY: \$ PER | |
| SUPERVISOR (NAME AND TITLE): | | YOUR POSITION (TITLE): | | |
| DESCRIPTION OF DUTIES: | | | | |
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| REASON FOR LEAVING: | | | | |

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| SUPERVISOR (NAME AND TITLE): | | YOUR POSITION (TITLE): | | |
| DESCRIPTION OF DUTIES: | | | | |
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| REASON FOR LEAVING: | | | | |

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| COMPANY | | ADDRESS | | PHONE |
| STARTING DATE: MO. YR. | ENDING DATE: MO. YR. | BEGINNING SALARY: \$ PER | FINAL SALARY: \$ PER | |
| SUPERVISOR (NAME AND TITLE): | | YOUR POSITION (TITLE): | | |
| DESCRIPTION OF DUTIES: | | | | |
| | | | | |
| REASON FOR LEAVING: | | | | |

SKILLS AND INTERESTS

| LIST ANY FOREIGN LANGUAGE AND CHECK THE BOX THAT BEST DESCRIBES YOUR SKILL LEVEL | | | | |
|--|------------|------------|-----------|------------|
| LANGUAGE | READ/WRITE | READ/SPEAK | READ ONLY | SPEAK ONLY |
| | | | | |
| | | | | |
| | | | | |

PLEASE INDICATE YOUR EXPERIENCE AS APPLICABLE WITH THE FOLLOWING

Adding Machine Typing ___ WPM Calculator Key punch Speedwriting/Shorthand ___ WPM

Word Processing Equipment Computer Hardware Equipment (list) _____

Computer Software Packages (list programs) _____

Machine Repair/Maintenance (describe) _____

Any other skills not listed (describe) _____

DO YOU HAVE ANY SPECIAL INTEREST OR HOBBIES THAT MAY BE BENEFICIAL TO THE COMPANY?

Do you like working with numbers performing basic math calculations? _____

Do you like to teach/train people? _____

Do you prefer to work in groups or independently? _____

Do you prefer doing manual work that requires using your hands, standing, walking and lifting; or, do you prefer sitting at a desk processing paperwork and handling continuous phone inquiries? _____

MILITARY

| | |
|--|---------------|
| BRANCH OF SERVICE (U.S. only) | DATES |
| RANK OR RATING AT ENTRY | AT SEPARATION |
| AWARDS/ CITATIONS | |
| BRIEFLY DESCRIBE DUTIES AND TECHNICAL SCHOOLS ATTENDED | |
| | |

REFERENCES

LIST PERSONS SUCH AS FORMER CO-WORKERS, SUPERVISORS, ETC. WHO ARE FAMILIAR WITH YOUR EMPLOYMENT BACKGROUND & QUALIFICATIONS. DO NOT LIST RELATIVES OR PERSONAL FRIENDS.

| | | | |
|------------|---------|--|-----------------------|
| NAME | ADDRESS | | |
| OCCUPATION | | | BUSINESS PHONE () |
| NAME | ADDRESS | | |
| OCCUPATION | | | BUSINESS PHONE () |
| NAME | ADDRESS | | |
| OCCUPATION | | | BUSINESS PHONE () |

APPLICANT'S STATEMENT

1. I understand that Transfer Express is an "at will" employer. Either Transfer Express or I may terminate my employment at any time, or for any reason. This "at will" employment policy may only be changed in writing, by Transfer Express' Management Council. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity, and failure to submit such proof will result in denial of employment.
2. I understand this application will be retained for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.
3. I understand that Transfer Express will investigate my work history and verify all data given on this application, on related papers, and interviews. I authorize all individuals, schools, and firms named - except my current employer if so noted - to provide any information requested about me, and I release them from all liability for damage in providing this information.
4. I understand that any offer of employment by Transfer Express may be contingent upon my satisfactory completion of a pre-employment drug test. I authorize all findings from such an examination to be given to Transfer Express.
5. I understand that any misrepresentation by me in this application may result in cancellation of this application and/or separation from the Company's service if I have been employed.
6. I understand that no representative of Transfer Express has the authority to make any assurances that are different from paragraph 1.
7. I agree that, if employed, I will conform my conduct in accordance with Transfer Express' policies and procedures and I understand that employment manuals or handbooks as may be distributed to me during the course of my employment shall not be construed to be a contract of employment.
8. I agree that any claims or lawsuits relating to my service with Transfer Express must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature _____
(Please sign in ink)

Date _____