

SAMUEL  
CORALUZZO

1713 N. Main Road  
Vineland, NJ 08360  
856-691-1142, Fax: 856-691-0086

TORRISSI  
TRANSPORT

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

As an Equal Opportunity Employer, the company does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, handicap or veteran status.

## PERSONAL INFORMATION

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_ If so,

please explain: \_\_\_\_\_

Are you Prevented from lawfully becoming employed in this country because of Visa or immigration status? \_\_\_\_\_

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ Where \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Referred by: \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	HIGHEST GRADE LEVEL COMPLETED	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## GENERAL

Computer skills / training: \_\_\_\_\_

Special Skills: \_\_\_\_\_

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Present Membership in National Guard or Reserves: \_\_\_\_\_

**FORMER EMPLOYERS** (List below your last three (3) employers, starting with the most recent one first

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

**REFERENCES:** Give the names of three persons not related to you, whom you have known for at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1. _____			
2. _____			
3. _____			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS (FILL IN NAME OF STATE)  
IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ 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.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

In case of  
Emergency Notify: \_\_\_\_\_  
Name Address Phone Number

**CERTIFICATION AND AGREEMENT**

I hereby certify that the information set forth in this application for employment is true and complete to the best of my knowledge and I understand that any false information or misrepresentation provided by me herein, or any omission of fact requested herein, is basis for rejection of this application. Additionally, I understand that if I become employed, any false information or misrepresentation provided by me herein, or any omission of fact requested on this application, shall be basis for immediate termination.

**I understand that should an offer of employment be extended to me and accepted, I am expected to fully adhere to all policies, rules and regulations of Coraluzzo/Torrissi. However, I understand that neither the policies, rules or regulations shall constitute a contract of employment. I understand and agree that any employment with Coraluzzo/Torrissi will be at-will and can be terminated with or without cause and with or without notice, at any time by either party. I also understand and agree that Coraluzzo/Torrissi may change the terms of my employment at any time, with or without cause and with or without notice. Finally, I understand that no representative of Coraluzzo/Torrissi is authorized to enter into any agreement with me for employment for any specific period of time, or to make any agreement contrary to the foregoing.**

Date: \_\_\_/\_\_\_/\_\_\_ Signature: \_\_\_\_\_

Do not write below this line

Interviewed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Remarks: \_\_\_\_\_

Hired: \_\_\_\_\_ Position: \_\_\_\_\_ Department: \_\_\_\_\_ Location: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Date Reporting to Work: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Department Manager Approval: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

President / Vice President Approval: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## APPLICATION ADDENDUM

By submitting your application for employment with Samuel Coraluzzo Co., Inc. / Torrissi Transport, you are confirming that you understand and agree to undergo, as part of the pre-employment examination, a urine drug and alcohol screening test, motor vehicle abstract and criminal background check. In some cases, depending on the position that you are applying for, you may be asked to undergo a pre-employment physical. You acknowledge that any offer of employment is conditional on the results of such tests, and that a confirmed positive drug or alcohol test will result in the rescinding of a job offer. By signing this agreement, you are authorizing the selected medical facility to provide the results of the drug and alcohol testing to Samuel Coraluzzo Co., Inc. / Torrissi Transport personnel making hiring decisions and you are further agreeing to hold Samuel Coraluzzo Co., Inc. / Torrissi Transport, its agents, directors, officers and employees harmless from any and all liability in connection with the testing for drugs and alcohol. All records and information regarding drug and alcohol screening, motor vehicle abstract, criminal background checks and medical records for pre-employment applications will be treated as confidential.

I hereby agree to this Samuel Coraluzzo Co., Inc. / Torrissi Transport policy and consent to the requirements of the initialed pre-employment examinations and any other pre-employment examinations.

Please initial by the pre-employment test/check that you are required to complete.

\_\_\_\_\_ Physical Examination (statement of good health)

\_\_\_\_\_ Drug & Alcohol Screening

\_\_\_\_\_ Drivers Abstract / Background Check

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

