SAMUEL CORALUZZO

1713 N. Main Road Vineland, NJ 08360

TORRISSI TRANSPORT

856-691-1142, Fax: 856-691-0086

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 INFOR	MATION		Date://					
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HIGH SCHOOL								
COLLEGE								
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL								
GENERAL Computer skills / tr	aining:							
Special Skills:								
U.S. Military or Nav	al Service:		Ra	nk:				
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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

Date: ____/___

Date: / /

Print Name:

Signature:

Witness: