



To apply for a position at W.B. Mason, just print out and complete the following application. Then you can either fax or mail it to the appropriate Human Resources Branch Office office listed below. We look forward to hearing from you! Opening a PDF file requires that you have Acrobat Reader. You can download it FREE off the Adobe Acrobat web site at: <http://www.adobe.com/products/acrobat/readermain.html>

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## CONNECTICUT

### East Windsor, CT

W.B. Mason Company  
43 North Road  
East Windsor, Connecticut  
Fax: (508) 436-1032

### Hamden, CT

W.B. Mason Company  
2460 State Street  
Hamden, CT 06511  
Fax: (508) 436-1032

### Stamford, CT

W.B. Mason Company  
76 Progress Drive  
Stamford, Connecticut 06902  
Fax: (508) 436-1423

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## DELAWARE

### Wilmington, DE

W.B. Mason Company  
917 South Heald Street  
Wilmington, DE 19801  
Fax: 302-421-3823

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## MASSACHUSETTS

### Boston, MA

W.B. Mason Company  
647 Summer Street  
Boston, Massachusetts 02210  
Fax: (617) 268-2596

### Brockton, MA

W.B. Mason Company  
59 Centre Street  
Brockton, Massachusetts 02303  
Fax: (508) 427-5338

### Hyannis, MA

W.B. Mason Company  
55 Falmouth Road  
Hyannis, Massachusetts 02601  
Fax: (508) 427-5338

### New Bedford:

650 Mount Pleasant Street  
New Bedford, MA 02745  
Fax: 877-573-7779

### Woburn, MA

W.B. Mason Company  
274 West Cummings Park  
Woburn, Massachusetts 01801  
Fax: (508) 436-8810

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## Worcester, MA

W.B. Mason Company  
Gold Star Blvd, 10 Distributor Road  
Worcester, MA 01605  
Fax: (508) 436-8810

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## MAINE

### Augusta, ME

W.B. Mason Company  
188 Water St  
Augusta, ME 04330  
Fax: (508) 436-8810

### Saco, ME

W.B. Mason Company  
73 Industrial Park Road  
Saco, Maine 04072  
Fax: (508) 436-8810

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## NEW HAMPSHIRE

### Dover

W.B. Mason Company  
62 Littleworth Road  
Dover, NH 03820  
Fax: 800-277-2130

### Nashua, NH

W.B. Mason Company  
12 Murphy Drive  
Nashua, NH 03062  
Fax: (508) 436-8810

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## NEW JERSEY

### Pennsauken, NJ

W.B. Mason Company  
1435 Melrose Highway  
Pennsauken, New Jersey 08110  
Fax: (508) 436-5320

### Secaucus, NJ

W.B. Mason Company  
535 Secaucus Road  
Secaucus, New Jersey 07094  
Fax: (201) 863-7593

### South Brunswick, NJ

W.B. Mason Company  
21 Commerce Drive  
Cranbury, NJ 08512  
Fax: (212) 620-5615

### Vineland, NJ

W.B. Mason Company  
1350 South West Blvd  
Vineland, NJ 08360  
Fax: 856-696-0497

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## NEW YORK

### Albany, NY

W.B. Mason Company  
29 Mill Street  
Albany, NY 12204  
Fax: (508) 436-8245

### Hauppauge, NY

W.B. Mason Company  
90 Nikon Court  
Hauppauge, NY 11788  
Fax: (508) 436-1423

### New York, NY

W.B. Mason Company  
53 West 23rd Street, 10th Floor  
New York, New York 10010  
Fax: (212) 620-5615

### Poughkeepsie, NY

W.B. Mason Company  
900 Dutchess Turnpike  
Poughkeepsie, NY 19103  
Fax: (508) 436-8245

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## PENNSYLVANIA

### Philadelphia, PA

W.B. Mason Company  
1819 JFK Boulevard, Suite 226  
Philadelphia, Pennsylvania 19103  
Fax: (508) 436-5320

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## RHODE ISLAND

### Cranston, RI

W.B. Mason Company  
99 Bald Hill Road  
Cranston, Rhode Island 02920  
Fax: (617) 268-2596

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## VERMONT

### Lyndonville:

805 Center Street  
Lyndonville, VT 05851  
Fax: 802-626-8865

### St. Albans, VT

W.B. Mason Company  
2 Lemnah Drive  
St. Albans, VT 05478  
Fax: (508) 436-8810

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## EMPLOYMENT APPLICATION

**TO THE APPLICANT:**

This is a pre-employment questionnaire to help us make our hiring decisions. For this reason, it is important that you fill out this application completely and truthfully. Please answer only those questions that are asked within this application. Any additional information that you provide that is not requested will not be considered and will void this application. If you receive an offer of employment, it will be conditioned upon passing a physical examination and a background investigation.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE EMPLOY, TRAIN, COMPENSATE, AND PROMOTE WITHOUT REGARD TO RACE, RELIGION, CREED, COLOR, NATIONAL ORIGIN, GENDER, AGE, DISABILITY, SEXUAL ORIENTATION, MARITAL STATUS, VETERAN STATUS, OR ANY OTHER BASIS PROTECTED BY APPLICABLE FEDERAL, STATE, OR LOCAL LAW.

**Note to Applicants in Rhode Island:** W.B. Mason is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

**PERSONAL INFORMATION**

**Date** \_\_\_\_\_

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

Last First Middle

Address: \_\_\_\_\_

Street Address City/State Zip Code

Previous Address: \_\_\_\_\_

Street Address City/State Zip Code

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you ever worked or attended school under another name that we need to know to verify records? YES\_\_\_ NO\_\_\_

If Yes, what was the name? \_\_\_\_\_

Are you 16 years of age or older? YES\_\_\_ NO\_\_\_

Are you authorized and can you provide verification of your right to work in the United States? YES\_\_\_ NO\_\_\_

**EMPLOYMENT DESIRE**

What type of position are you interested in? Sales Staff\_\_\_ Truck driver\_\_\_ Other \_\_\_\_\_

If you are hired, what shift(s) are you available to work? First shift\_\_\_ Second shift\_\_\_ Third shift\_\_\_

Date available to start work? \_\_\_\_\_ Salary desired \$ \_\_\_\_\_

Have you applied for work at W.B. Mason in the past? YES\_\_\_ NO\_\_\_

If YES, When did you apply? \_\_\_\_\_ And, where did you apply? \_\_\_\_\_

How did you find out about us? Friend\_\_\_ Internet \_\_\_ Current employee\_\_\_ Who?\_\_\_ Paper\_\_\_ Other\_\_\_\_\_

**EDUCATIONAL HISTORY**

	School Name	Address (City & State)	Course of Study	Graduated/ Degree Received	List any additional courses or training
<b>High School</b>					
<b>College</b>					
<b>Other</b>					

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**EMPLOYMENT HISTORY**

Are you presently employed? YES\_\_\_NO\_\_\_

Please provide the following information concerning your previous employers for the past five (5) years (start with the most recent and work backward):

Employer's Name & Address*	Manager's Name & Phone Number	Job/ Position	Employment Dates (MM/YY) From: To:	Last Salary	Reason For Leaving

\* If you were known by another last name at any of these jobs, please provide that name.

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**OTHER PERSONAL HISTORY**

Have you ever been convicted of a felony, YES\_\_\_ NO\_\_\_

If your answer is "yes," please explain:

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Within the last 5 years, have you ever been convicted of a misdemeanor?\* YES\_\_\_ NO\_\_\_

*Conviction of a crime will not necessarily disqualify you from employment.*

\*Applicants in Massachusetts need not disclose misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violation, affray, or disturbing the peace. Also, 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. An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "no record" with respect to any 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.

**CONNECTICUT APPLICANTS:**

The applicant is not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

I certify that the facts contained in this application are true and correct to the best of my knowledge and understand that, if I am employed, false or concealed statements on this application shall be grounds for dismissal, no matter when discovered.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time for any reason or no reason at all, without prior notice. I also understand that no representative of W.B. Mason, other than the President of the Company has authority to enter into any agreement to the contrary, and then only if such agreement is in a written and signed document.

I understand that this application does not guarantee a current job opening and does not obligate the Company to hire me.

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Signature

Date

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### **ALL APPLICANTS**

PLEASE READ AND SIGN BELOW

I hereby authorize W.B. Mason to check and verify all information provided by me in this Application, including by speaking with or seeking information from references, former employees and educational institutions identified in this application. I hereby release and discharge W.B. Mason from any and all liability arising out of, related to or resulting from such verification process. W. b. Mason reserves the right to deny you employment, or to terminate your employment, if and when it discovers that you have provided incorrect, inaccurate or untruthful information on this application.

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Signature

Date

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### **APPLICANTS IN MASSACHUSETTS:**

PLEASE READ AND SIGN BELOW

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.

I acknowledge that I have read and understand the previous statement of law. I further acknowledge that W.B. Mason has not requested nor have I submitted to a lie detector or similar test.

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Signature

Date





## DISTRIBUTION APPLICATION

### TO BE COMPLETED BY THOSE INTERESTED IN A TRUCK DRIVER OR WAREHOUSE POSITION

Name:

Last	First	Middle
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Address:

Street Address	City/State	Zip Code
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Mailing Address (if different):

Street Address	City/State	Zip Code
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Home Phone:

Business Phone	Social Security Number	
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Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES\_\_\_ NO\_\_\_

If Yes, please explain \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? YES\_\_\_ NO\_\_\_

If Yes, please explain \_\_\_\_\_

### DRIVER LICENSES

State	License Number	Type of License	Expiration Date

### DRIVER EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat etc...)	Dates/ From:	To:

### ACCIDENT RECORD

Date of Accident	Nature of Accident	Injuries

### TRAFFIC CONVICTIONS

Date	Location	Charge/Penalty

# Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:  
ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
800/367-5933

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Give copy with Summary of Rights to applicant. Retain a copy for your files.

**Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “pre-screened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 192	<b>Department of Agriculture</b> Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



## RELEASE AND AUTHORIZATION FORM

Applicant Complete the Following

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with the reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or source that provided the information.
- III. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **W.B. MASON CO., INC.** or its agent, to furnish the information described in Section 1.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to **W.B. MASON CO., INC.** This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items; alcohol tests with a result of .004 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

If currently employed, may we contact your current employer?  YES  NO  N/A

\_\_\_\_\_  
Please print your full name (Last) (First) (Middle)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Social Security Number Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI.

Sex:  Male  Female

Race:  Asian  Black  Hispanic  White  Other

\_\_\_\_\_  
Driver's License Number State Issuing License

\_\_\_\_\_  
Signature Date