

NRF

DISTRIBUTORS INC.

P.O. Box 2467 • Old Belgrade Road • Augusta, ME • 04338-2467

NRF Distributors Inc provides employment, training, compensation, promotion, and other conditions of employment without regard to race, color, religion, national origin, sex, age, physical or mental disability in accordance with State and Federal Law.

DRIVER'S EMPLOYMENT APPLICATION

an Equal Opportunity Employer

NOTICE: Applications will be kept active for 90. Anyone wishing to be considered for employment after 90 days will have to reapply.

PLEASE PRINT CLEARLY - USE BLACK INK ONLY				DATE _____	
LAST NAME _____		FIRST NAME _____		MIDDLE NAME _____	
ADDRESS _____		CITY _____		STATE _____	ZIP _____
TELEPHONE NUMBER _____		CELL PHONE (optional) _____		IF UNDER 18 YRS. PROVIDE DATE OF BIRTH: _____	
HAVE YOU PREVIOUSLY APPLIED? PREVIOUSLY WORKED AT NRF?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		POSITION DESIRED _____	
DATE AVAILABLE _____		WAGES OR SALARY EXPECTED \$ _____		<input type="checkbox"/> PER HOUR <input type="checkbox"/> PER WEEK	
HOURS AVAILABLE		SUN _____ TO _____		MON _____ TO _____	
		TUE _____ TO _____		WED _____ TO _____	
THU _____ TO _____		FRI _____ TO _____		SAT _____ TO _____	
EDUCATION		GRADE SCHOOL		HIGH SCHOOL	
CIRCLE HIGHEST GRADE COMPLETED		1 2 3 4 5 6 7 8		1 2 3 4	
		DIPLOMA _____		DEGREE _____	
				GRAD. SCHOOL	
				1 2 3 4	
				DEGREE _____	
OTHER SCHOOLS		NAME _____		STUDY _____	
				LENGTH ATTENDED _____	
MILITARY	BRANCH	DATE ENTERED	DATE DISCHARGED	FINAL RANK	TYPE OF DISCHARGE
TYPE OF TRAINING WHILE IN SERVICE _____					
PLEASE LIST THE ADDRESSES AT WHICH YOU RESIDED DURING THE THREE(3) YEARS PRIOR TO TODAY					
FROM: _____ TO _____ ADDRESS _____					
FROM: _____ TO _____ ADDRESS _____					
FROM: _____ TO _____ ADDRESS _____					
FROM: _____ TO _____ ADDRESS _____					
WHO REFERED YOU TO NRF DISTRIBUTORS?		<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> COLLEGE PLACEMENT <input type="checkbox"/> WALK-IN		<input type="checkbox"/> FRIEND: _____ <input type="checkbox"/> OTHER: _____	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO An affirmative response will not automatically disqualify you from being considered for employment.					
If yes, describe: _____					

DRIVER'S LICENSE

State	License Number	Type	Expiration Date	Date of Birth
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FOR DRIVING RECORD PURPOSES ONLY

This is the only current commercial drivers license held YES NO

If No, Explain _____

Safe Driving Awards You Now Hold and From Whom? _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES OF OPERATION		TOTAL MILES OF OPERATION (APPROX.)
		From	To	
Bus	_____	_____	_____	_____
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Other	_____	_____	_____	_____

ACCIDENT RECORD for the past 3 years (Attach an additional sheet if more space is needed)

	DATE OF ACCIDENT	NATURE OF ACCIDENT (Head-on, rear-end, upset, ect.)	NUMBER OF FATALITIES	NUMBER OF INJURIES
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

TRAFFIC CONVICTIONS and FORFEITURES for the past 3 years (Other than parking violations)

LOCATION (City, State)	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO

If the answer to either A or B is YES, attach a statement (on a separate sheet) giving details

PHYSICAL HISTORY

Can you perform the essential functions of the attached job descriptions with or without a reasonable accommodation, in particular, the lifting requirements? YES NO

How often were you absent from work during the last three years? _____

Date of Last Physical Examination _____ Doctor's Name & Address _____

PRESENT EMPLOYMENT

NAME AND ADDRESS		
STARTING DATE	LEAVING DATE	WEEKLY SALARY
POSITION HELD	Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to DOT regulated alcohol and controlled substance testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND TITLE OF SUPERVISOR		PHONE #
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PAST EMPLOYMENT - (LAST 10 YEARS) (Starting with the last one first).

NAME AND ADDRESS		
STARTING DATE	LEAVING DATE	WEEKLY SALARY
POSITION HELD	Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to DOT regulated alcohol and controlled substance testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND TITLE OF SUPERVISOR		PHONE #
REASON FOR LEAVING		

NAME AND ADDRESS		
STARTING DATE	LEAVING DATE	WEEKLY SALARY
POSITION HELD	Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to DOT regulated alcohol and controlled substance testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND TITLE OF SUPERVISOR		PHONE #
REASON FOR LEAVING		

NAME AND ADDRESS		
STARTING DATE	LEAVING DATE	WEEKLY SALARY
POSITION HELD	Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to DOT regulated alcohol and controlled substance testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND TITLE OF SUPERVISOR		PHONE #
REASON FOR LEAVING		

NAME AND ADDRESS		
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POSITION HELD	Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to DOT regulated alcohol and controlled substance testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND TITLE OF SUPERVISOR		PHONE #
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NAME AND ADDRESS		
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NAME AND TITLE OF SUPERVISOR		PHONE #
REASON FOR LEAVING		

PERSONAL REFERENCES				
NAME	ADDRESS	BUSINESS	YRS. ACQUAINTED	TEL#
1.	_____			
2.	_____			
3.	_____			
Any other information or qualifications that would be helpful in consideration for employment? Any other comments that relate to the above position?				

PRE-EMPLOYMENT STATEMENT

I hereby authorize NRF Distributors, Inc. to make a thorough investigation of my past employment. I agree to cooperate in such an investigation, and release from liability all persons and companies who supply such information to NRF Distributors, Inc. If employed by the company, I understand that such employment is subject to the policies of the Company, as may be amended by the Company from time to time. I further understand that any false answers, statements, or omissions made by me on this application or any supplement thereto may result in immediate discharge. I understand, if employed, that I will be an employee at will, which means that either the Company or I may terminate employment at any time, with or without cause. I agree to wear or use protective clothing or devices as required by the Company and to comply with the safety rules.

SIGNATURE _____ DATE _____