



NRF DISTRIBUTORS®

FLOORING SOLUTIONS DELIVERED

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

DRIVER'S EMPLOYMENT APPLICATION

an Equal Opportunity Employer

NRF Distributors Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty or status as a covered veteran and in accordance with all applicable federal, state and local laws. NRF complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has employees. This applies to all terms and conditions of employment, including hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

DATE	EMAIL		
LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER	CELL PHONE (optional)	UNDER 21 YRS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
PREFERRED METHOD OF CONTACT	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT		

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	(OPTIONAL) DESIRED SALARY \$	<input type="checkbox"/> PER HOUR <input type="checkbox"/> PER WEEK

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 REFERRED YOU TO NRF DISTRIBUTORS?	<input type="checkbox"/> INDEED	<input type="checkbox"/> RADIO	<input type="checkbox"/> FRIEND: _____
	<input type="checkbox"/> CAREER CENTER	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> OTHER: _____

DRIVING EXPERIENCE

DATES OF OPERATION

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

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

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

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

<u>LOCATION (City, State)</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 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

PERSONAL REFERENCES

<u>NAME</u>	<u>BUSINESS</u>	<u>YRS. ACQUAINTED</u>	<u>TEL#</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Any other information or qualifications that would be helpful in consideration for employment? Any other comments that relate to the position applied for?

PAST EMPLOYMENT - (LAST 10 YEARS) (Starting with the most recent first).

NAME AND ADDRESS	
STARTING DATE	LEAVING DATE
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	

NAME AND ADDRESS	
STARTING DATE	LEAVING DATE
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
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	
STARTING DATE	LEAVING DATE
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	

PLEASE EXPLAIN ALL GAPS IN EMPLOYMENT

REFERENCE REQUEST

APPLICANT:

POSITION APPLIED:

The above person has applied for employment with NRF Distributors Inc. and has voluntarily submitted your name as a reference. So that we may give full consideration to this employment application, your immediate response will be appreciated.

APPLICANTS AUTHORIZATION: I hereby authorize past employers to furnish NRF Distributors with any information they may have concerning me which they have on record or otherwise. 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.

PRE-EMPLOYMENT STATEMENT

If employed by the company, I understand that such employment is subjected to the policies of the company, as may be amended by the company from time to time. I further understand that any false or misleading 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, to comply with all safety rules and adhere to all security rules.

SIGNATURE _____ DATE _____

FOR HR USE ONLY

Employed From: _____ to _____ Position Held: _____

Reason for Leaving: _____

Eligible For Rehire? _____ If no, why not? _____

Based on the information available to you, can you recommend this individual for the position applied for?

How would you rate this individuals attendance and punctuality? (Please circle one)

POOR FAIR GOOD EXCELLENT

Additional Comments: _____

To discuss this information personally, please contact _____

Completed by _____ Work/ Personal Reference (circle one) Date _____