



GLIDEWELL DISTRIBUTING CO., INC.

Your Partner In C- Store Success

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants will receive fair consideration without regard to race, color, religion, sex, age, national origin and/or handicap.

PERSONAL

Name (Please Print) _____ Date _____
Last First Middle

*Current Address _____
Street City State Zip Code

Phone: () _____ Social Security Number _____

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street _____ City _____ State _____ Zip Code _____

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Position Applying for _____ Temporary ____ Part Time ____ Full Time ____

Rate of pay expected _____ Desired Start Date _____

Are you willing to work Shifts? Yes ____ No ____

Have you ever been convicted of a felony? Yes __ No ____

If yes, please give details _____

DRIVER EXPERIENCE & QUALIFICATION (Answer these questions only if applying for driver position)

Date of Birth _____ The U.S. Department of Transportation requires that applicants state date of birth. (Sec 391.21(b)(2))
month/day/year

Licenses: (Drivers licenses held in past 3 years must be shown.)

<u>State</u>	<u>License Number</u>	<u>Class</u>	<u>Endorsements</u>	<u>Expiration Date</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__

C. Have you ever been disqualified for violations of Federal Motor Carrier Safety Regulations? Yes__ No__

* If you answered "yes" to A,B,C, attach a statement giving details.

EDUCATION

School	Name & Location of School	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma
High					
College					
Other					

CURRENT / MOST RECENT EMPLOYER

Company Name _____ Telephone () _____

Address _____ Employed: From _____ To _____
Street City State (Month and Year)

Name of Supervisor _____ Weekly Pay: (Start) _____ (Last) _____

State Job Title and Describe Duties: _____

Reason For Leaving: (circle one) Quit Laid Off Discharge Other _____

EMPLOYMENT HISTORY

Company Name _____ Telephone () _____

Address _____ Employed: From _____ To _____
Street City State (Month and Year)

Name of Supervisor _____ Weekly Pay: (Start) _____ (Last) _____

State Job Title and Describe Duties: _____

Reason For Leaving: (circle one) Quit Laid Off Discharge Other _____

Company Name _____ Telephone () _____

Address _____ Employed: From _____ To _____
Street City State (Month and Year)

Name of Supervisor _____ Weekly Pay: (Start) _____ (Last) _____

State Job Title and Describe Duties: _____

Reason For Leaving: (circle one) Quit Laid Off Discharge Other _____

MILITARY (Complete this section if you served in the U.S. Armed Forces)

Branch of Service _____	Period of Active Duty: From _____	To _____
	(Month & Year)	(Month & Year)
Rank at Discharge _____	Date of Final Discharge _____	
Describe your duties and any special training _____		

MISCELLANEOUS INFORMATION (This information is optional and you may choose to leave it blank)

List any positions of leadership or responsibility you have held in school, business, or civic work:

List any hobbies or interests you may have: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. I voluntarily give Glidewell Distributing Company, Inc. the right to conduct a thorough review of my past employment history and activities. I further release all persons and organizations named herein from any liability in supplying any information necessary for this review. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of Glidewell Distributing Company, Inc.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date