

Dan Henry Distributing Company

Employment Application

The Civil Rights Act of 1964 prohibits discrimination in employment practices because of race, color, religion, sex or national origin. The Americans with Disabilities Act prohibits discrimination because of handicap. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The laws of Michigan also prohibit all of the above types of discrimination, as well discrimination based on height, weight, or marital status.

Employment Desired

Date: _____

Position Applied For _____

Other positions you would consider? _____

Type of employment desire: Full Time Part Time Temporary

Date you can start _____ Wage Expected _____

Personal Information

Name _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Telephone () _____ Cell () _____

Best time to call you: _____ E-Mail Address: _____

Other last name(s) used while working, if any _____

Are you 18 years of age or older? Yes No

Are you legally allowed to work in the U.S.? Yes No

If no, specify type of entry document, work authorizations and expiration date:

Have you ever been convicted of a crime: Yes No If yes, please give specifics Have you ever served in the U.S. Military Yes No

If yes, indicate branch of military, dates served and type of discharge

Referred by: Agency _____ Counselor _____ Other _____ Telephone _____

Do you have a reliable means of transportation to enable you to get to work in a timely manner?
___Yes ___No

If you are applying for a position requiring the use of an automobile, do you have a driver's license and a motor vehicle available for your use? ___Yes ___No

Has Dan Henry Distributing Company employed any of your relatives? ___Yes ___No

Have you used, possessed or sold any illegal drugs in the past five years? ___Yes ___No

If yes, state which drugs and explain if you used, possessed or sold them _____

Are you currently employed? ___Yes ___No

Do you plan to keep working there if you work for Dan Henry Distributing Company?
___Yes ___No

Availability

| | Sun | Mon | Tue | Wed | Thur | Fri | Sat |
|------|-----|-----|-----|-----|------|-----|-----|
| From | | | | | | | |
| To | | | | | | | |

A good attendance record is important at Dan Henry Distributing. Is there anything that would force you to be consistently late? ___Yes ___ No If yes, please explain: _____

Have you previously worked for Dan Henry Distributing or another beverage wholesaler?
___Yes ___No If yes, where? _____

Supervisor: _____ Why did you leave?: _____

Employment History Begin with the most recent and use additional sheet if necessary.

Firm Name _____

Type of Business _____

Address _____

Number/Street

City

State

Zip

Employed From

Month Year

To

Month Year

Telephone w/area code _____

Starting Position _____ Salary\$ _____

Final Position _____ Salary \$ _____

Supervisor's Name _____

Reason for leaving _____

If presently employed, may we contact your supervisor? ____Yes____ No

If yes, telephone w/area code _____

Firm Name _____

Type of Business _____

Address _____

Number/Street

City

State

Zip

Employed From

Month Year

TO

Month Year

Telephone w/area code _____

Starting Position _____ Salary\$ _____

Final Position _____ Salary \$ _____

Supervisor's Name _____

Reason for leaving _____

If presently employed, may we contact your supervisor? ____Yes____ No

If yes, telephone w/area code _____

Have you ever been suspended or discharged from employment: ___ Yes ___ No

If yes, please explain _____

Identify any special skills, training, or licenses you have which are related to the position you applied for, including if applicable, commercial drivers' license, typing speed, or experience with an adding machine, computer, calculator.

Education

High School: _____

Location: _____

Did you graduate? ___ Yes ___ No

College/University _____

Location: _____

Did you graduate? ___ Yes ___ No Degree: _____

OTHER: _____

Are you in school now? ___ Yes ___ No

Do you plan on returning to school? ___ Yes ___ No

Please list the name and phone number of anyone else you know who may be interested in working for Dan Henry Distributing:

Car Details

All personnel involved in product delivery, merchandising, or sales for Dan Henry Distributing must have their driving record reviewed before beginning employment. In addition, the following requirements must be met:

- No personnel will be allowed to drive any vehicle for Dan Henry Distributing without a valid driver's license from their state of primary residence. License must be in good standing (i.e. not suspended, revoked, or restricted).
- Individuals must show proof of and maintain auto liability insurance.
- No one may be hired into a position which requires driving unless their driving record meets Dan Henry Distributing's standards.

What is your state of primary residence?: _____

How long have you lived there?: ___ Years ___ Months

Driver's License Number: _____ State: _____

I have held a valid driver's license since: _____

The expiration date on my current driver's license is: _____

Name of auto insurance company: _____

Policy # _____ Exp. Date: _____

Have you held a driver's licence in another state or country? ___ Yes ___ No

If yes, please list below:

#: _____ State/Country: _____

#: _____ State/Country: _____

Is your license subject to any restrictions that would impair your ability to drive for Dan Henry Distributing?

___ Yes ___ No

If yes, please explain: _____

Have you been convicted of or plead guilty to any traffic offenses in the last seven years?

___ Yes ___ No

If Yes, please list offense(s) and dates: _____

Have you been in any auto accidents in the past three years? ___ Yes ___ No

If yes, please list offense(s) and dates: = _____

Have you ever been convicted of or pled guilty to any of the offenses listed below?

Leaving the scene of an accident ___ Yes ___ No

Participating in an illegal speed contest ___ Yes ___ No

Any drug or alcohol motor vehicle related violation ___ Yes ___ No

Hit and run or leaving the scene of an accident ___ Yes ___ No

Reckless driving ___ Yes ___ No

Vehicular homicide or assault ___ Yes ___ No

Eluding or attempting to allude police ___ Yes ___ No

In case of an accident or emergency, please notify:

Name _____ Telephone w/area code _____

Address _____

Number/Street

City

State

Zip

Give name, address, and telephone number of three references, other than references of previous employers.

1. _____
2. _____
3. _____

The facts set forth above are true and complete. I certify that I am honestly interested in working in the position for which I have applied, and am making this application for no other purpose. I hereby authorize investigation of all statements contained in this application, and full disclosure of my present and prior work record. I grant permission to Dan Henry Distributing Company ("the Company") to obtain information concerning my general reputation, character, conduct and work quality and authorize any person or organization contacted to furnish information and opinions concerning my qualification for employment, whether same is a matter of record or not, including personal evaluation of my honesty, reliability, carefulness and ability to take orders from my supervisors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release any such person or organization from any and all liability, which may result in furnishing such information or opinion. I hereby release the Company and any person, organization, or prior employer from any obligation to provide me with written notification of such disclosure. I understand that employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. I understand and agree that if, in the opinion of the Company, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the Company may be terminated.

I further understand that the Company may require a medical examination by a designated physician: (1) after I have received an offer of employment and prior to my commencement of employment duties; and, (2) during the course of my employment as required by business necessity or for job-related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to test to determine the presence of alcohol or illegal drugs, and agree to the release of any such test results to appropriate personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse and/or fail such drug tests after being employed, my employment will be terminated.

I agree that this application is not an offer of employment. I agree that if I am employed by the Company (1) that my contract of employment is at will and may be terminated at any time, with or without notice and with or without cause, at the option of the Company or myself; (2) that I will receive wages and benefits and be subject to rules and regulations and that such wages, benefits, rules and regulations.

Signed: _____

Date: _____