

Loveland Distributing Company, Inc.

Application for Employment

ALL APPLICATIONS MUST BE ACCOMPANIED BY A COPY OF A CURRENT DMV DRIVING RECORD

Loveland Distributing Co., Inc. does not discriminate in employment on the basis of race, age, color, religion, national origin, sex, or disability. No question on this application is intended to secure information to be used for such discrimination.

PERSONAL DATA

Name (Last, First, Middle)

Social Security Number

Today's Date

Address (Street)

City, State

Zip Code

Home Telephone Number

Work Telephone Number

POSITION INFORMATION

Position Applying For

Starting Salary Desired

Are you legally eligible for employment in the United States?

Yes

No

Have you ever been convicted of a felony?

Yes

No

If yes, please explain. Conviction does not automatically exclude you from consideration for employment.

Do any of your friends or relatives work here?

Yes

No

If yes, list name(s): _____

Are you subject to any agreement with a previous employer that would prevent you from accepting a position here?

Yes

No

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes

No

If you are hired or transferred into a position the operation of vehicle, we will require a copy of your current DMV driving record.

Do you authorize investigation of your DMV record?

Yes

No

Driver's License Number: _____ State: _____

Expiration Date: _____

EDUCATIONAL INFORMATION

	Name & Location	From Mo./Yr.	To Mo./Yr.	Graduated Yes / No
High School				
Trade School				
University/College				

WORK HISTORY: List the most recent employer. You may include military service and training.

Employer: _____ Address (street, city, state, zip): _____

Supervisor's Name and Position: _____ Dates of Employment: _____

Type of Business: _____ Position Held: _____ Ending Salary: _____

Reason for Leaving: _____ May we contact now? Yes No If no please state reason: _____

Responsibilities: _____

Employer: _____ Address (street, city, state, zip): _____

Supervisor's Name and Position: _____ Dates of Employment: _____

Type of Business: _____ Position Held: _____ Ending Salary: _____

Reason for Leaving: _____ May we contact now? Yes No If no please state reason: _____

Responsibilities: _____

Employer: _____ Address (street, city, state, zip): _____

Supervisor's Name and Position: _____ Dates of Employment: _____

Type of Business: _____ Position Held: _____ Ending Salary: _____

Reason for Leaving: _____ May we contact now? Yes No If no please state reason: _____

Responsibilities: _____

REFERENCES: List three people that know you well. (Not relatives or employers.)

Name:	Full Address:	Daytime Phone:	Occupation/Business	Years Known:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following points are very important. Please read them carefully before signing this application.

I authorize investigation of all statements contained in this application. I will not hold Loveland Distributing Co., Inc., or any of my previous employers liable in any respect if an employment offer is not forthcoming, is withdrawn, or if termination as a result of misrepresentation or omission of facts on this application. I understand that if I am employed by Loveland Distributing Co., Inc. additional data may be required for determination of benefits, statistical purposes and legal compliance.

I understand that all offers of employment are conditional on my successfully completing a pre-employment drug screening for the purpose of detecting alcohol and/or illegal drugs. This will be performed at a designated medical facility and at my expense. Loveland Distributing Co., Inc. will reimburse me for this expense provided I have successfully completed the testing. I further understand that if alcohol and/or illegal drugs are found, all offers of employment will be withdrawn.

I also understand that if I am employed by Loveland Distributing Co., Inc., my employment is "at will," that I or Loveland Distributing Co., Inc. may terminate the employment relationship at any time, for any reason, with or without notice. I further understand that no employee of Loveland Distributing Co., Inc. has the authority to modify the understanding orally or in writing except with the written permission of the President of Loveland Distributing Co., Inc.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND EACH AND ALL OF THESE STATEMENTS:

Signature

Date

Loveland Distributing Company, Inc.

Authorization for release of information

I am an applicant for employment with Loveland Distributing Co., Inc. ("Loveland"). I hereby authorize the release of any background information, credit information, motor vehicle record and employment information in your possession that is sought by Loveland in association with my application for employment. If I do not want to submit to a background check, I understand I am able to withdraw my application from consideration.

If I have provided false or misleading information on my application, I understand that it may result in a refusal to hire, or if already hired, discipline up to and including the termination of employment.

I release any person or organization, its directors, employees or agents from any and all liability for claims arising out of the furnishing of information pursuant to this Authorization for Release of Information.

Applicant

Date