

New Hampshire Distributors, LLC

**Application
For Employment**

CDL



**65 Regional Drive
PO Box 267
Concord, NH 03302-0267**

An Equal Opportunity Employer

ALL APPLICANTS WILL BE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, OR ANY OTHER CLASSIFICATION PROTECTED BY FEDERAL, STATE OR LOCAL LAW

Name _____ Phone _____
LAST FIRST MIDDLE Cell

Email Address _____

*Current Address _____ City _____ State _____ Zip _____

* If you have lived at the address above for less than 3 years, use the space below for all residences over the past 3 years. Attach separate sheet if necessary.

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Applicant's Signature _____ Date _____

Position applying for _____ Temporary _____ Part Time _____ Full Time _____

Will you accept night or shift work? Yes No Are you legally eligible for employment in the U.S.? Yes No

Who referred you? _____ Have you worked for us before? _____ Dates _____

Please list employees of this company who could provide references _____

Are you currently employed? _____ If not, how long since leaving last employer? _____

Have you previously filed an application with New Hampshire Distributors, LLC? Yes No If so, when? _____

If hired, on what date will you be available to start work? _____ Rate of pay expected? _____

EDUCATION

SCHOOL	NAME	CITY & STATE	INDICATE LAST YEAR COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA RECEIVED	SPECIALIZED IN WHAT COURSES
High School						
College or Univ.						
Graduate School						
Other						

Have you ever been arrested for or convicted of a crime that has not been annulled by a court? Yes No If yes please attach a separate sheet of paper to explain fully. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

DRIVER EXPERIENCE & QUALIFICATIONS

Information requested is pursuant to the U.S. Department of Transportation (USDOT) (§391.21(b)(2)).

Please answer the following questions in this section only if applying for delivery/warehouse position

Date of Birth: _____ Social Security No. _____

LICENSES

List your current State Driver's Licenses and any other Licenses held during past three years.	Issuing State	License Number	Type	Expiration Date

- A.** Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
- B.** Has your license, permit or privilege ever been suspended or revoked? Yes No
- C.** Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If "YES" to any of the above (A,B,C) please provide a detailed statement of facts on a separate sheet and attach.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Reefer, Etc)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi-trailer				
Twin Trailers				
Other				

- List states operated in during the last 7-year period: _____
- List special courses or training that have helped you as a driver: _____

- List any safe driving awards held and who awards were presented by: _____

Accident Review for past 3 years (Please attach separate sheet if more space is needed)

Dates	Nature of Accidents (head-on, Rear-end, Overturn, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years, other than parking violations

Location	Date	Charges	Penalty

RECORD OF EMPLOYMENT HISTORY
(Last or Current Employer First, Including Military Experience)

The USDOT requires that driver applicants show all employment history for the past three years §391.21(b)(10). Effective October 30, 2004, you must also show employers during the seven year period (§391.21(b)(10),(11)) immediately preceding the three year period.

Current/Last Employer _____ Supervisor _____

Address _____ Phone _____

Position held _____ From _____ To _____ Salary _____
Month/year Month/year

Was your position subject to Federal Motor Carrier Safety Act Regulations? Yes No

Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR par 40? Yes No

Reason for leaving _____

Employer _____ Supervisor _____

Address _____ Phone _____

Position held _____ From _____ To _____ Salary _____
Month/year Month/year

Was your position subject to Federal Motor Carrier Safety Act Regulations? Yes No

Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR par 40? Yes No

Reason for leaving _____

Employer _____ Supervisor _____

Address _____ Phone _____

Position held _____ From _____ To _____ Salary _____
Month/year Month/year

Was your position subject to Federal Motor Carrier Safety Act Regulations? Yes No

Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR par 40? Yes No

Reason for leaving _____

Employer _____ Supervisor _____

Address _____ Phone _____

Position held _____ From _____ To _____ Salary _____
Month/year Month/year

Was your position subject to Federal Motor Carrier Safety Act Regulations? Yes No

Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR par 40? Yes No

Reason for leaving _____

* Attach separate sheet for additional employers if necessary *

MAINTENANCE EXPERIENCE

Please list courses and/or training in maintenance work of vehicles and/or shop equipment:

Course/Training _____	Date Completed _____
Course/Training _____	Date Completed _____
Course/Training _____	Date Completed _____

APPLICANT STATEMENT & AGREEMENT

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that my previous employers may be contacted as a means to investigate my safety performance history information as required by Sections 391.23(d) and (e) of the Federal Motor Carrier Safety Act Regulations. I hereby release the Company, its agents, authorized representatives, and any and all persons disclosing information hereunder from any and all liability, claims, or damages that may directly or indirectly result from the solicitation, use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

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, and if offered a job, it is contingent upon the results of any and all, background checks, a pre-employment physical examination and drug screening, to the extent permitted by law. I also understand that any false or misleading statements on the pre-employment physical questionnaire may result in my rejection or dismissal.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

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 hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

I also authorize the persons whose names may be provided as personal references to provide the Company with any pertinent information they may have regarding myself.

I understand that this application is not an offer of employment, does not mean any positions are available, and does not guarantee that I will be offered a job.

If hired, I agree to abide by all the rules and policies of the employer.

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.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT.

Date

Applicant Signature

NEW HAMPSHIRE DISTRIBUTORS, LLC

65 REGIONAL DRIVE
P.O. BOX 267, CONCORD, N.H. 03302-0267
TELEPHONE 603-224-9991

THE CONCORD COACH

CONCORD, NEW HAMPSHIRE
ADMINISTRATION FAX 603-224-0415
SALES FAX 603-224-8306



IT OPENED THE WEST

CONSUMER REPORT DISCLOSURE NOTICE

New Hampshire Distributors, LLC may obtain a consumer report with respect to you for employment purposes.

Prior to taking any adverse action based in whole or in part on the consumer report obtained for employment purposes, New Hampshire Distributors, LLC will provide you with a copy of the report and a description in writing of your rights under the Fair Credit Reporting Act as prescribed by the Federal Trade Commission.

AUTHORIZATION TO OBTAIN CONSUMER REPORT WITH RESPECT TO ME

By signing this disclosure, I acknowledge that I have received a copy of this Consumer Report Disclosure Notice and authorize New Hampshire Distributors, LLC to obtain a consumer report with respect to me for employment purposes. If I am hired as an employee of New Hampshire Distributors, LLC this authorization shall remain valid for the duration of my employment.

Date:

Print Name:

Applicant's Signature:

Social Security Number: _____ - _____ - _____

"MAKING FRIENDS IS OUR BUSINESS"

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DRIVING RECORD RELEASE

It is understood that my job position requires me to drive a company owned vehicle and/or my own car on company business. I also understand that the insurance company writing New Hampshire Distributors, LLC's automobile insurance requires a copy of my current driving record to assess my insurability and that a copy of this record will be shared with New Hampshire Distributors, LLC. I also understand that I have the right to see a copy of my Motor Vehicle record.

By this letter, I hereby authorize New Hampshire Distributors, the insurance company, and/or its agent to obtain the necessary motor vehicle records.

Signature

Driver's License #

Full Printed Name

Issuing State

Address

Date



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