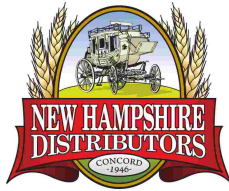


# New Hampshire Distributors, LLC

**Application  
For Employment  
Non-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

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? \_\_\_\_\_

Typing WPM \_\_\_\_\_ Office/Computer Equipment Operated \_\_\_\_\_

Software Program Knowledge \_\_\_\_\_

Are you over the age of 18? (Required for handling of alcoholic product)  Yes  No

Are you over the age of 21? (Required for Solicitor's Permit)  Yes  No

If you are applying for a job which requires you to drive a motor vehicle, please indicate whether or not you have a valid driver's license:  Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

#### 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 completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying?  Yes  No If yes, please describe:

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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.

How Were You Referred: \_\_\_\_\_

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

Current/Last Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Month/year Month/year  
Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Month/year Month/year  
Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Month/year Month/year  
Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Month/year Month/year  
Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Month/year Month/year  
Reason for leaving \_\_\_\_\_

## 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 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.**

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Date

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Applicant Signature

# NEW HAMPSHIRE DISTRIBUTORS, LLC

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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.

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### 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



"MAKING FRIENDS IS OUR BUSINESS"

