



WHOLESALE DISTRIBUTORS

1605 Cargill Avenue
 Post Office Box 1629
 Wilson, North Carolina 27894

Phone: 252-291-5521
 Fax: 252-291-5241

APPLICATION FOR EMPLOYMENT

NAME: _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: _____
(Street) (City)

ADDRESS: _____ HOW LONG? _____
(State & Zip Code)

SOCIAL SECURITY NO. _____ PHONE NO. _____

ADDRESS } _____
(Street) (City)

FOR PAST } _____ HOW LONG? _____
(State & Zip Code)

THREE YEARS } _____
(Street) (City)

_____ HOW LONG? _____
(State & Zip Code)

(Attach sheet if more space is needed)

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED? ____ YES ____ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ____ YES ____ NO		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? ____ YES ____ NO	WHERE?	WHEN?	

EDUCATIONAL HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
OTHER				

ACCIDENT RECORD FOR PAST THREE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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

If the answer to either A or B is YES, attach statement giving details.

EMPLOYMENT RECORD

(Attach Sheet if More Space is Needed)

**Note: DOT Requires That Employment for at Least 3 Years
and/or Commercial Driving Experience for the Past 10 Years Be Shown.**

LAST EMPLOYER

NAME: _____

ADDRESS: _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

SECOND LAST EMPLOYER

NAME: _____

ADDRESS: _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

THIRD LAST EMPLOYER

NAME: _____

ADDRESS: _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

FOURTH LAST EMPLOYER

NAME: _____

ADDRESS: _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."

ALL EMPLOYMENT IS AT WILL AND CAN BE TERMINATED AT ANY TIME BY EITHER THE EMPLOYER OR THE EMPLOYEE.

DATE: _____ SIGNATURE: _____

INTERVIEWED BY: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

NOTIFICATION OF REQUEST FOR INVESTIGATIVE CONSUMER REPORT
FOR EMPLOYMENT PURPOSES

This document hereby notifies you that Ihrie Supply Co., Inc. has requested an investigative consumer report of you for employment purposes. The investigative consumer report may involve personal interviews of many people, including your relatives, friends, and co-workers, and may include (among other things) information concerning your character, general reputation, personal characteristics, and mode of living. The information obtained by this report may be used (in whole or in part) for the purpose of serving as a factor in determining your eligibility for employment purposes. Consequently, the information contained in this report may affect your ability to obtain employment, promotions, reassignment, or retention as an employee of Ihrie Supply Co., Inc.

You also are hereby advised that you have rights related to the information received through this report. Particularly, you may make a written request for disclosures from regarding the nature and scope of the investigation requested within sixty days after the receipt of this Notification.

In addition, you have additional rights under the Fair Credit Reporting Act which are contained in the attached Summary of Your Rights under the Fair Credit Reporting Act.

Date Sent: _____

Employee/Applicant's Signature

AUTHORIZATION TO REQUEST CONSUMER REPORT
FOR EMPLOYMENT PURPOSES

This document hereby authorizes Ihrie Supply Co., Inc. to request a consumer report on my behalf for employment purposes. I understand that a consumer report may consist of any information by a consumer reporting agency which bears on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which may be used (in whole or in part) for the purpose of serving as a factor in determining my eligibility for employment purposes. I further understand that this report may affect my ability to obtain employment, promotions, reassignment, or retention as an employee. I further expressly consent to the disclosure of any and all of the above information to Ihrie Supply Co., Inc. by a consumer reporting agency.

Employee/Applicant's Signature

Date

For reference checking purposes only, please complete the following information. (This information will remain separate from your employment application).

Date of Birth

Social Security Number

Driver's license number

Exp. Date

State where Issued

IHRIE SUPPLY COMPANY, INC.

Substance Abuse Program

CHEMICAL SCREENING CONSENT AND RELEASE FORM

I understand that drug testing is being requested of me for the following reason:

_____	Employment Applications	_____	For Cause
_____	Post – Accident	_____	Post-Rehabilitation
_____	Customer Substance Abuse Program	_____	Sensitive Position
_____	Other testing program (Describe) _____		

I understand and consent freely and voluntarily to the Company's request for urine or other specimen or sample. I hereby release and hold harmless the Company, the Laboratory, their employees, agents and contractors from any liability arising from the request to furnish this or any specimen or sample, the testing of the specimen or sample, and any decisions made concerning my application for employment or my continued employment, based upon the results of the tests. I consent to allow any Company employee, designated physician, laboratory, hospital or medical professional to perform appropriate chemical tests for the presence of alcohol, drugs or other controlled substances. I give my permission to any Company employee, designated physician, laboratory, hospital or medical professional to release the results of these tests to the company, and I release any such designated institution or person from any liability whatsoever arising from the release of this information.

I hereby consent to allow Ihrie Supply Company, Inc. or its designated representative to verify and/or confirm the above information with prescribing physicians.

Applicant/Employee Signature _____

Witness _____ Branch _____

Date _____ Initialed by Controller _____
