

DATE _____

RESUME ATTACHED

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

FIRST & LAST NAME _____ SOCIAL SECURITY # _____

PHONE (_____) _____ EMAIL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION APPLIED FOR _____

WOULD YOU ACCEPT FULL-TIME EMPLOYMENT? YES NO WOULD YOU ACCEPT PART-TIME EMPLOYMENT? YES NO

HAVE YOU BEEN EMPLOYED HERE BEFORE? YES NO IF YES, APPROXIMATE DATES _____

ARE YOU BILINGUAL? YES NO IF YES, WHAT LANGUAGES DO YOU SPEAK? _____

EDUCATION BACKGROUND

HIGHEST LEVEL OF EDUCATION _____ DATE COMPLETED _____

VOCATIONAL TRAINING OR FIELD OF STUDY / TRAINING _____ DATE COMPLETED _____

DEGREE OR CERTIFICATION OBTAINED _____ DATE COMPLETED _____

REFERENCES (PERSONAL OR PROFESSIONAL)

1. NAME _____ PHONE _____

ADDRESS _____

2. NAME _____ PHONE _____

ADDRESS _____

3. NAME _____ PHONE _____

ADDRESS _____

PREVIOUS EMPLOYMENT (LIST MOST RECENT FIRST)

1. COMPANY NAME _____ PHONE _____
ADDRESS _____
POSITION _____ EMPLOYED FROM _____ TO _____
REASON FOR LEAVING _____ SALARY _____
OKAY TO CONTACT? YES NO

2. COMPANY NAME _____ PHONE _____
ADDRESS _____
POSITION _____ EMPLOYED FROM _____ TO _____
REASON FOR LEAVING _____ SALARY _____
OKAY TO CONTACT? YES NO

3. COMPANY NAME _____ PHONE _____
ADDRESS _____
POSITION _____ EMPLOYED FROM _____ TO _____
REASON FOR LEAVING _____ SALARY _____
OKAY TO CONTACT? YES NO

APPLICANT SIGNATURE _____ DATE _____

THIS PORTION IS FOR EMPLOYER / OFFICE USE ONLY

APPLICATION ACCEPTED BY _____ DATE _____

COMMENTS:

DATE _____

**Authorization for Release of Information/Pre-Employment Drug Testing
Notification and Consent/Motor Vehicle Report Authorization Form**

I understand that before being considered for employment a full background check will be performed. This check may include gathering information from previous employers, references, educational institutions and creditors. This information will be held in confidence and used only for consideration for employment as allowed by law.

I understand as required by the Federal Motor Carrier Safety Regulations, 49 CFR Part 91, 103, and company policy, all prospective drivers must submit a controlled substances test involving collection of urine sample which will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP).

I understand, if I test positive for use of controlled substances, I am not medically qualified to operate a commercial vehicle in interstate commerce. I also understand I will be given a reasonable opportunity to confer with the company's Medical Review Officer before any positive test result is reported to the company.

The result of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test result was negative or positive to the motor carrier. The Medical Review Officer or the company may also release the result to my examining physician in connection with the DOT-required physical or to others as required by law. The results will not be released to any additional parties without my written authorization.

HAVE YOU EVER BEEN DENIED A DRIVER'S LICENSE OR HAD ONE SUSPENDED OR REVOKED? YES NO

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST 3 YEARS? YES NO

HAVE YOU BEEN INVOLVED IN ANY AUTO ACCIDENTS IN THE PAST 3 YEARS? YES NO

IF THE ANSWER TO ANY QUESTION WAS "YES," PLEASE EXPLAIN (GIVE DETAILS OF VIOLATIONS AND/OR ACCIDENTS) _____

I hereby give the right to Thompson Brothers Supply, Inc. to contact and obtain information from all references, employers, educational institutions, creditors and to otherwise verify the accuracy of the information contained in my application. I hereby release from liability Thompson Brothers Supply, Inc. and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. I hereby agree to submit a urine drug test and grant permission for Thompson Brothers Supply, Inc. to secure a Motor Vehicle Report on me. I also affirm that the statements made above are stated truthfully and without reservation:

Applicant Full Name _____ (PLEASE PRINT)

Applicant Social Security #: _____ - _____ - _____ Applicant Driver's License #: _____ State Issued: _____

Applicant Signature _____ Date: _____