

Describe any specialized training, certificates, apprenticeship, skills and extra-curricular activities.

Indicate any foreign languages you can speak, read and or write.

Do you have a valid drivers license? **Yes/No** Expiration Date _____
What is your means of transportation to work? _____

Driver's license number _____ State of issue? _____
Check all that apply/Type of license- _____ Operator _____ Commercial (CDL) _____ Chauffeur

Have you had any moving violations in the past 5 years? **Yes/No** How Many? _____
Explain if yes:

Please list at least 2 references other than relatives

Name: _____ Company: _____ Position: _____
Address: _____ Telephone: _____

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Address: _____ Telephone: _____

An application form sometimes makes it difficult for an individual to adequately summarize a completed background. Please use the space below to summarize any additional information that describes your qualifications for the position for which you are applying.

List professional, trade, business or civic activities and offices held _____

Military Service

Have you ever been in the armed forces? **Yes/No** Are you now a member of the national guard? **Yes/No**

Specialty _____ **Date Entered** _____ **Discharge Date** _____

How did you hear about us? (walk-in, advertisement, referral, web, other?) _____
 Have you ever worked for this company before? **Yes/No** explain if yes: _____
 Do you know anyone who works currently or in the past works for this company? **Yes/No**
 If yes, who? _____

Work Experience

Please list your work experience for the past 10 years - beginning with your most recent job held.

Attach additional sheets if necessary.

Name of employer: _____ Address: _____
 City, State, Zip _____ Phone number: _____
 Job title(s): _____ Supervisor's name: _____
 Employment Dates: From _____ To _____ Pay or Salary: Start _____ End _____
 Duties: _____

 Reason for leaving (be specific): _____
 May we contact your current employer? **Yes/No**

Name of employer: _____ Address: _____
 City, State, Zip _____ Phone number: _____
 Job title(s): _____ Supervisor's name: _____
 Employment Dates: From _____ To _____ Pay or Salary: Start _____ End _____
 Duties: _____

 Reason for leaving (be specific): _____

Name of employer: _____ Address: _____
 City, State, Zip _____ Phone number: _____
 Job title(s): _____ Supervisor's name: _____
 Employment Dates: From _____ To _____ Pay or Salary: Start _____ End _____
 Duties: _____

 Reason for leaving (be specific): _____

Name of employer: _____	Address: _____
City, State, Zip _____	Phone number: _____
Job title(s): _____	Supervisor's name: _____
Employment Dates: From _____ To _____ Pay or Salary: Start _____ End _____	
Duties: _____ _____	
Reason for leaving (be specific): _____	

Name of employer: _____	Address: _____
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Employment Dates: From _____ To _____ Pay or Salary: Start _____ End _____	
Duties: _____ _____	
Reason for leaving (be specific): _____	

If applying for a clerical position a separate questionnaire regarding technical skills will be administered during the interview process.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time and not to exceed 30 days. Any applicant wishing to be considered for employment beyond this period of time should inquire as to whether or not applications are accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby understand and acknowledge that upon offer of a position involving physical labor I will be asked and will be expected to complete a physical strength evaluation to determine my suitability for the position for which I have applied.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations and "Code of Conduct" of this employer.

Signature of Applicant

Date

**Information for applicants of DOT-covered Positions
(Employee DOT acknowledgment form)**

Federal law required applicants to indicate whether they have previously refused to be tested or received a positive test on any pre-employment test for any other DOT employer. Please provide this information below. It is a federal offense to falsify this information.

I have NOT tested positive on a pre-employment drug test for any other DOT employer in the past 2 years, nor have I refused to be tested. (If so, check the box in this section, sign below, and complete the remainder of this form.)

Yes, I tested positive (or refused to be tested) on a pre-employment drug test for another DOT employer in the past 2 years. (If so, check the box in this section, sign below, and do not continue.)

Signature of Applicant

Date

Each applicant for a DOT-covered position at Triangle Distributing Company, Inc., after being notified that s/he/will be offered a job, must be drug tested, in accordance with federal regulations 49CFR Part 382. If the test result is positive, and if the applicant refuses to submit to a pre-employment test, the job offer will be withdrawn.

We must have a negative test result in our file before we can request or allow an employee to perform a safety-sensitive function for us. The cost of the initial screening test and the confirmatory test will be paid by Triangle Distributing company and administered by Bellin Health Solutions.

Every applicant who provides a positive test result will have an opportunity to speak with a Medical Review Officer of Bellin Health Solutions about any recounted use of prescription and non-prescription drugs that might explain the positive test result.

The applicant whose test result is positive may, within 72 hours, request a re-test, at his/her own expense. The re-test will be conducted on the same sample as was provided for the initial test, and must be conducted by a different testing laboratory that meets the requirements of certification DOT's testing requirements.

Signature of Applicant

Date

Your signature below means that you have read this information, that you have had an opportunity to review a copy of the Triangle Distributing Company's Drug and Alcohol testing policy, and, that if you are offered a position, you consent to begin tested for drugs as a condition of employment.

Signature of Applicant

Date

"Release of Information Form - 49 CFR Part 40, Drug and Alcohol Testing" Section I

Employee Name: _____

Employee Federal I.D. Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section 1-B, to the employer listed in Section 1-A. This release is in accordance with DOT regulations 49CFR, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of .04 or higher
2. Verified positive drug tests
3. Refusals to be tested
4. Other violations of DOT agency drug and alcohol testing regulations
5. Information obtained from previous employers of a drug and alcohol rule violation
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee Signature: _____ Date: _____

I-A

New Employer Name: Triangle Distributing Company, Inc.

P.O. Box 28375

Green Bay, WI 54324-0375

Phone#: 920-336-1555

Fax#: 920-336-3124

Designated Employer Representative: _____

I-B

Previous Employer Name: _____ Phone#: _____

Address: _____ City: _____ State/Zip: _____

Designated Employer Representative: _____

Section II - to be completed by previous employer and faxed to new employer

II-A In the 2 years prior to the date of the employee's signature (Section I), for DOT regulated testing:

1. Did the employee have alcohol tests w a result of .04 or higher
2. Did the employee have verified positive drug tests?
3. Did the employee refuse to be tested?
4. Did the employee have other violations of DOT agency drug and alcohol regulations?
5. Did a previous employer report a dug and alcohol rule violation to you?
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up test record.

II-B

Name of person providing information in Section II-A: _____

Title: _____ Phone #: _____ Date: _____