

DRIVER'S APPLICATION FOR EMPLOYMENT

Battaglia Distributing Co., Inc.

All statements made on this application may be checked for accuracy. Incomplete applications will not be considered for employment. The applicant is not required to provide any information that may violate federal, state, or local laws, or any agreement entered into with a previous or current employer. This application does not represent an open or available position, or constitute an offer of employment. Battaglia Distributing Co., Inc is an Equal Opportunity Employer. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin, age, marital status, sexual preferences, or non-job-related disabilities. Thank you for your interest in Battaglia Distributing.

Personal Information			
Last Name	First	Middle Initial	Date
Street Address			Phone
City, State Zip			How Long At This Address?
Do You Have The Legal Right to Work In The United States?			Can You Provide Proof of Right To Work?
Date of Birth (Required for Commercial Drivers)	Can You Provide Proof of Age?		Can You Work Weekends?
Have You Applied or Worked With Us Before? If So, When, Reason for Leaving?			Can You Work Overtime?
Have You Been Convicted of a Crime? If So, Please Explain.			Date Available to Work
Is There Any Reason You Cannot Perform Consistently On The Job? If Yes, Explain			Have You Ever Been Fired?
Are You Currently Under Medical Supervision That May Affect Your Work? If So, Please Explain			Can You Regularly Lift At Least 60 pounds?
Position Desired			Salary Requested
Are You Currently Employed? If Not, How Long Since Previous Employment?			May We Contact Your Employer?
Do You Have Any Friends or Relatives Working Here?			Where Did You See Our Ad?

Education			
High School (Name and Location)	Years Completed	1 2 3 4	Diploma
College (Name and Location)	Years Completed	1 2 3 4	Degree
Other (Name and Location)	Years Completed	1 2 3 4	Certificate/Degree
Please Describe Any Specific Skills or Experience, Which Would Specifically Fit You For Work With Our Company			
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All applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List the complete mailing address of your employer (street number, city, state and zip code).

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide, an additional seven years of mailing address information on those employers for whom the applicant operated such vehicle(s).

(NOTE: List previous employers in reverse order starting with the most recent. Add additional sheet(s) as necessary.)

Employment History	
Company Name	Phone
Address	Employed From To
Name Of Supervisor	Salary/Hourly Wage
Reason For Leaving	Position

Employment History (Continued)	
Company Name	Phone
Address	Employed From To
Name Of Supervisor	Salary/Hourly Wage
Reason For Leaving	Position

Employment History (Continued)	
Company Name	Phone
Address	Employed From To
Name Of Supervisor	Salary/Hourly Wage
Reason For Leaving	Position

Employment History (Continued)	
Company Name	Phone
Address	Employed From To
Name Of Supervisor	Salary/Hourly Wage
Reason For Leaving	Position

*Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE (attach additional sheet if necessary) If none, write NONE.

Dates	Nature Of Accident (Head-On, Rear-End, Upset, etc.)		Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES, OTHER THAN PARKING VIOLATIONS, FOR THE PAST THREE YEARS OR MORE (attach additional sheet(s) if necessary) If none, write NONE.

Location	Date	Charge	Penalty

Driver Qualifications (Licenses)

State	License Number	Type	Endorsements	Restrictions	Expiration Date

Have You Ever Been Denied a License, Permit or Privilege to Operate a Motor Vehicle? If So, Please Explain*

Has a License, Permit or Privilege Ever Been Suspended or Revoked? If So, Please Explain*

***IF ADDITIONAL SPACE IS REQUIRED FOR EXPLANATIONS, PLEASE ATTACH A SEPARATE STATEMENT GIVING DETAILS.**

Driving Experience (if none, write NONE)

Class Of Equipment	Type Of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate # Of Miles (Total)
		From	To	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER (Specify)				
List States Operated In For Last Five Years				
List Special Courses or Training That Will Help You as a Driver				
Which Safe Driving Awards Do You Hold, and From Whom?				

Experience & Qualifications - Other

List Any Trucking, Transportation or Other Experience That May Help You In Your Work For This Company

List Courses and Training Other Than Shown Elsewhere In This Application

List Special Equipment or Technical Materials You Can Work With (other than those already listed elsewhere)

Affirmation TO BE READ AND SIGNED BY APPLICANT

1. The information contained in this application is true and complete to the best of my knowledge and belief and I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by Battaglia Distributing Co., Inc. shall result in Battaglia Distributing Co., Inc. not employing me or, if employed, terminating my employment.
2. I understand and agree that all information furnished in this application and all attachments may be verified by Battaglia Distributing Co., Inc. or its authorized representative. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Battaglia Distributing Co., Inc. all information relative to such verification and hereby release such individuals, organizations, and Battaglia Distributing Co., Inc. from any and all liability for any claim or damage resulting there from.
3. I hereby acknowledge that I have been informed by Battaglia Distributing Co., Inc. that Battaglia Distributing Co., Inc. may seek to obtain a consumer credit report and/or investigative report that will include personal information regarding me including but not limited to educational history, work references and criminal convictions, in order to assist Battaglia Distributing Co., Inc. in making certain employment decisions. I further acknowledge notification by Battaglia Distributing Co., Inc. that reports may be provided to Battaglia Distributing Co., Inc. by other firms sub-contracted for that purpose.
4. I, my heirs, assigns and legal representative, hereby release and fully discharge Battaglia Distributing Co., Inc., its affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against Battaglia Distributing Co., Inc., arising out of the making or use of either a consumer report or an investigative consumer report.

First Name	Middle Name	Last Name	Maiden Name
Social Security Number	Driver's License Number	Type	State of Issue
Signature X			Date

Process Record (INTERNAL USE ONLY)

Applicant Hired		Rejected	
Date Employed		Point Employed	
Department		Classification	

(If Rejected, Summary Report of Reasons Should Be Placed In File)

Applicant Performance (INTERNAL USE ONLY)

	Superior	Good	Fair	Below Avg	Poor	Written Record On-File
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Convictions						

Signature of Interviewing Officer _____