

Nappi Distributors

== YOUR MAINE SOURCE FOR BEER & WINE ==

615 Main Street ~ Gorham, ME 04038

human.resources@nappidistributors.com

Ph: (207) 887-8200 ~ Fax: (207) 887-8222

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION (Please complete all requested information)

Name (Last Name, First Name, MI)		Driver's License #	
Present Address (Street)	City	State	Zip Code
Phone #	Cell Phone #		
E-Mail Address		Referred By:	

EMPLOYMENT DESIRED

Position	Date You Can Start	Desired Salary
Are you currently employed? Yes No	If so, may we inquire to your current Employer? Yes No	
Have you ever applied to our Company before? Yes No	If so, when?	

EDUCATION

Name & Location Of School	Did You Graduate?	Subjects Studied
High School	Yes No	
College	Yes No	
Trade / Other School	Yes No	

GENERAL

Subjects of Special Study/Research Work	
Special Training Skills	
Have you ever been a member of the Armed Services of the U.S.?	Yes No
If Yes, what experiences did you have relevant to the position applied for?	

FORMER EMPLOYERS

Name/Address Of Employer Phone # (If known)	Dates to/from	Wage/ Salary	Position	Reason For Leaving (please be specific)

REFERENCES (Provide names of 3 persons, not related to you, whom you have known for at least one year)

Name / Years Known	Address	Business	Phone Number
1 /			
2 /			
3 /			

Do you have any relatives currently employed with us? (If Yes, please provide name(s) and provide relationship(s))

Yes No _____

Are you able, with or without accommodation, to perform the essential functions required for this position?

Yes No _____

Have you ever been convicted of any crime? Yes No

If Yes, please provide when, where, and disposition of offense.

(Conviction of a crime does not necessarily disqualify the Applicant from consideration of employment)

Please Explain: _____

For Commercial Driver Applicants Only:

- * Have you previously tested positive for drugs or alcohol under federal DOT Regulations? Yes No
- * If YES, did you undergo an evaluation by a Substance Abuse Professional? Yes No

AUTHORIZATION

I certify that the facts in this application are true and complete to the best of my knowledge and I 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 understand that in compliance with Federal law, if hired, I will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form.

I authorize Nappi Distributors to request and review my Motor Vehicle Report from the State(s) that issued my vehicle operators license.

I also understand that employment at Nappi Distributors is voluntarily entered into, and I am free to resign at will at any time, with or without cause or notice. Similarly, Nappi Distributors may terminate the employment relationship at any time, with or without cause or notice, so long as there is no violation of applicable federal or state law.

I also understand if I am offered employment with Nappi Distributors that the offer will be contingent on passing a post offer employment physical, verification of information provided on this Application, any other documents I submit, and information provided. DOT regulated positions will be required to pass a post offer employment DOT physical and a DOT urine drug screen. A copy of the Nappi's Substance Abuse Testing Procedure for DOT regulated Applicants is available for my review upon request.

DATE: _____

SIGNATURE: _____