

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 <i>Please be specific</i>
Are you currently employed?	If so, may we inquire to your current Employer?	
Have you ever applied to our Company before?	If so, when?	

EDUCATION

Name & Location Of School	Did You Graduate?	Subjects Studied
High School		
College		
Trade / Other School		

GENERAL

Subjects of Special Study/Research Work
Special Training Skills
Have you ever been a member of the Armed Services of the U.S.?
If Yes, what experiences dd you have relevant to the position applied for?

FORMER EMPLOYERS

Name/Address Of Employer Phone # (If Known)	Dates to/from	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 /			

Are you legally authorized to work in the USA?

Do you have any relatives currently employed with us? If Yes, please provide name & relationship. Yes ___ No___

Are you able, with or without accommodation, to perform the essential tasks required for this position? Yes ___ No___

Have you ever been convicted of any crime? If Yes, when, where, and disposition of offense.
(Conviction of a crime does not necessarily disqualify the Applicant from consideration of employment)

Yes ___ No___

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?

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 authorize Nappi Distributors to request and review my Motor Vehicle Report from the State that I hold 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 and 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 our Substance Abuse Testing Procedure for DOT regulated Applicants is available for your review upon request.

DATE: _____

SIGNATURE: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Interviewed By:		Date Interviewed:	
Position:		Start Date:	
Approved by:			