

Nappi Distributors

YOUR MAINE SOURCE FOR BEER & WINE

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 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 #	
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?	

FORMER EMPLOYERS

<u>Name/Address Of Employer</u> <u>Phone # (If Known)</u>	<u>Dates</u> <u>To/From</u>	<u>Position</u>	<u>Reason For Leaving</u> <i>(Please be specific)</i>
Supervisor:			
Supervisor:			
Supervisor:			
Supervisor:			

PREFERRED SCHEDULE (Check/circle if applicable)

Full-Time: _____								
Part-Time: _____	M	T	W	TH	F	SA	SU	
*Part time # hours/week: _____								
Please circle your preferred shift(s) and/or indicate your preferred hours below:								
MORNINGS			AFTERNOONS			EVENINGS		
Preferred Hours: _____								
Are you available for overtime during our Peak Volume periods? Yes ___ No ___ Other ___								

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.? Yes ___ No ___ Service Branch _____
If yes, what experiences did you have relevant to the position applied for?

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 /			

VERIFICATION QUESTIONS

Are you legally authorized to work in the USA? Yes ___ No ___ Other (<i>specify</i>) _____
Do you have any relatives employed with us? If Yes, please provide name & relationship(s) below. Yes ___ No ___
Are you able, with or without accommodation, to perform the essential tasks required for this role? Yes ___ No ___
Relatives Employed at Nappi:

AUTHORIZATION

I certify that the information in this application is 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 all necessary records and understand Nappi Distributors maintains the right to hire/not hire contingent upon review of my motor vehicle license, criminal history, and/or other background records.

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 that if I am offered employment with Nappi Distributors, the offer will be contingent upon passing a post-offer employment physical as well as the verification of information provided on this application, the verification of any other documents I submit, and the verification of any other information I provide. DOT-regulated positions will be required to pass a post-offer employment DOT physical and a DOT urine substance-use screening. A copy of our Substance Abuse Testing Procedure for DOT-regulated Applicants is available for your review upon request.

SIGNATURE:**DATE:**

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FOR COMMERCIAL DRIVER APPLICANTS ONLY

CDL QUALIFICATIONS/HISTORY

State:	License #:	Class:	Expiration Date:
Endorsements:			
Date attained:			
State:	License #:	Class:	Expiration Date:
Endorsements:			
Date attained:			

VERIFICATION QUESTIONS

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	Yes ___	No ___
Has your license, permit, or privilege to operate a motor vehicle ever been suspended?	Yes ___	No ___
Have you ever been disqualified for violations under the Federal Motor Carrier Safety Regulations?	Yes ___	No ___
*If YES to any of the last three questions, please explain on the reverse side of this page.		
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 ___
*If YES, please provide date(s) of your evaluation:		

DRIVER EXPERIENCE

Category	Type of Equipment	Dates to/from	Approximate Miles
Straight Truck:			
Tractor and Semi-tractor:			
Other:			
States operated in within the last 5 years:			
Special driving courses/training completed:			
Special driving awards/recognition received:			

ACCIDENT REVIEW

Have you experienced a vehicular accident in the last 3 years?			Yes ___	No ___	(If yes, please list below)
Accident Date	Vehicle Type: Personal or Commercial	Town and State	Citation Received?		
			Yes ___	No ___	
			Yes ___	No ___	
			Yes ___	No ___	
Please explain any accidents here:					

TRAFFIC CONVICTIONS/VIOLATIONS

Have you had any traffic convictions/violations in the past 3 years (excluding parking violations)? Yes No

(If yes, please list below)

Location	Date	Charge	Penalty

Please explain any traffic convictions/violations here:

SIGNATURE:

DATE:

***Explanation of "YES" answers to questions in the "Verification Questions" section:**
