



Kohler Distributing Company
150 Wagaraw Road
Hawthorne, NJ 07506

DRIVER'S APPLICATION FOR EMPLOYMENT

Kohler Distributing Company is an Equal Opportunity Employer

Please fill in this application completely and truthfully. Any information that has been deemed inaccurate or false will disqualify your eligibility and/or employment

Date of application: _____

Position(s) Applied for: _____

Name: _____
Last First Middle

Social Security No.
____ - ____ - ____

Telephone # Cellular or Other # E-mail Address

List your addresses of residency for the past 3 years.

Current

Address:

Street City
State Zip Code How Long? yr./mo.

Previous

Address:

Street City State & Zip Code How Long? yr./mo.

Street City State & Zip Code How Long? yr./mo.

Street City State & Zip Code How Long? yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth: ____ / ____ / ____ Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? _____ Position: _____

Dates: From _____ To _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Have you ever been bonded? _____ Name of bonding company: _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? Yes _____ No _____

Charge? _____

If yes, please explain if you are in possession of or have applied for a New Jersey State A.B.C. Petition for Removal of Criminal Disqualification OR Rehabilitation Removal Permit.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

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

NAME OF EMPLOYER	FROM (MONTH/YEAR)	TO (MONTH/YEAR)
STREET	DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES ___ NO ___	
CITY AND STATE	WHERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? YES ___ NO ___	
ZIP CODE	Job Duties	
CONTACT PERSON	Job Duties	
PHONE NUMBER	REASON FOR LEAVING	
NAME OF EMPLOYER	FROM (MONTH/YEAR)	TO (MONTH/YEAR)
STREET	DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES ___ NO ___	
CITY AND STATE	WHERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? YES ___ NO ___	
ZIP CODE	Job Duties	
CONTACT PERSON	Job Duties	
PHONE NUMBER	REASON FOR LEAVING	
NAME OF EMPLOYER	FROM (MONTH/YEAR)	TO (MONTH/YEAR)
STREET	DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES ___ NO ___	
CITY AND STATE	WHERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? YES ___ NO ___	
ZIP CODE	Job Duties	
CONTACT PERSON	Job Duties	
PHONE NUMBER	REASON FOR LEAVING	
NAME OF EMPLOYER	FROM (MONTH/YEAR)	TO (MONTH/YEAR)
STREET	DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES ___ NO ___	
CITY AND STATE	WHERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? YES ___ NO ___	
ZIP CODE	Job Duties	
CONTACT PERSON	Job Duties	
PHONE NUMBER	REASON FOR LEAVING	

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

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP 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 SHOWN)

REFERENCES

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone
			()
			()
			()

PRE-EMPLOYMENT AGREEMENT

I certify that all information I have provided in order to apply for and secure work with Kohler Distributing Company is true, complete, and correct. I am aware that any omission or misrepresentation of the facts by me will be grounds for my immediate dismissal should I be hired.

I have read and understand that I may be subject to a background investigation as part of my application to Kohler Distributing Company. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to verify the accuracy of the information provided by me in this application, resume or job interview. The investigator and any person or entity contacted is released and held harmless based on information provided and any decision made from such information obtained.

I understand that as a condition of my employment, I will be required to successfully pass a drug screen and possibly other pre-hire examinations. I agree to release Kohler Distributing Company, its employees, and agents from any claims arising out of any tests Kohler Distributing Company may require and damages that I may suffer.

If hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Kohler Distributing Company reserves the same right at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Company is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the Company's President.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration law require me to complete an I-9 Form in this regard. All required documentation is due no later than 3 days after the date of hire or be subject to immediate suspension and/or termination.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE PRE-EMPLOYMENT AGREEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Pre-Employment Agreement.

Applicant Name (Printed) _____

Applicant Signature _____

Date _____

Pre-Offer Acknowledgement

I acknowledge that as a condition of employment, I must partake in a physical fitness test. I also understand that I will be required to take a drug test once an offer of employment has been made. In order to be eligible, I must successfully pass both forms of testing. Failure to do so will be grounds for the Company to revoke their offer of employment.

Print Name

Signature of Applicant

Date

ATTENTION DRIVERS:

Please attach a copy of your driver's license, medical card, and current DMV Abstract.



The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

Last Name: _____ First Name: _____

Middle Initial: _____ (Optional) Social Security Number: _____

Gender: Please place a check next to the appropriate category.

MALE FEMALE Self Identify: _____

Race/Ethnicity: Please check one.

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

Veteran Status: Check all that apply.

- I am a disabled veteran.†
- I am a recently separated veteran.† Date of discharge (MM/DD/YY) _____
- I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).

Disability

- I am an individual with a disability.*
- I have received the form and decline to provide the requested information.

* Categories consistent with 41 C.F.R. §60-300 & Form VETS-100A

† If you need a definition of these terms, please see below.

SELF-IDENTIFICATION FORM DEFINITIONS

1. The term "Disabled Veteran" means –
 - A. a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability; or
 - B. a person who was discharged or released from active duty because of a service-connected disability.
2. The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty.
3. An "individual with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment