

NEXUS DISTRIBUTION CORPORATION

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
300 Park Boulevard #301
Itasca, IL 60143
Fax: 630 735-2313

Name _____ Soc. Sec. No. _____
Last First M.I.

*Current Address _____
Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

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Telephone No. _____ E-mail _____

Position applying for _____ Part Time _____ Full Time _____ Expected Rate of Pay _____

How did you hear about us? _____

Are you legally eligible for employment in the USA? () Yes () No

Are you over 18 years of age? () Yes () No

Have you ever been convicted of a felony? () Yes () No

If YES, Please explain. _____

*The inquiry as to whether you have been convicted of a crime does not require you to disclose, verbally or in writing, any record of a conviction or arrest that has been expunged or sealed.

Do you know any other employees of this Company? () Yes () No

If Yes, please identify. _____

Are you currently employed? _____ If not, date last employed? _____

If now employed, why do you desire to change your position? _____

What special skills do you have? _____

EDUCATION

Circle last grade completed: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3

Last school attended _____
Name Address Degree Earned

*This information will not be used in violation of the Company's policy prohibiting unlawful discrimination on the basis of race, sex, age, religion, national origin, disability, or any other characteristic protected by applicable law.

WORK EXPERIENCE

ALL APPLICANTS:

List all past employment starting with the **last or current** position, including military experience, and work back. (Attach a separate sheet of paper, if necessary)

Driver Applicants Only: The U.S. Department of Transportation requires that driver applications show all employment for the past **three years**. They must also show commercial driver employment for the **seven years** immediately preceding this three year period. §391.21(b)(10), (11)

EMPLOYER			DATE	
NAME			From Mo. Yr.	To Mo. Yr.
ADDRESS			Position	
CITY	STATE	ZIP	Salary/Wage	
SUPV/MGR	PHONE #		Reason for Leaving	

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NAME			From Mo. Yr.	To Mo. Yr.
ADDRESS			Position	
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SUPV/MGR	PHONE #		Reason for Leaving	

May we contact your present employer? YES NO

May we contact your previous employers listed above? YES NO

Were you ever discharged or allowed to resign instead of being discharged? YES NO

If Yes, please explain. _____

PROFESSIONAL REFERENCES

Name	Phone Number	Email Address

I authorize the Company and its agents to verify the information on this application. I authorize all persons, schools, companies and law enforcement authorities to release information concerning my background without notice, and I hereby release them and the company from any liability for any damage whatsoever for issuing this information.

In the event that I am hired, I understand that my employment can be terminated with or without cause, and with or without notice, at any time at the option of either the Company or myself. I understand that no employee or agent of the Company other than the President, in writing, is authorized to offer me an employment relationship other than one which is terminable at will. I further understand that any deliberate misstatement of fact or omission from this application or any resume provided to the Company can, in the event that I am hired, result in my immediate dismissal.

Applicant's Signature

Date

Licenses

Drivers Licenses held in past 3 years must be shown	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ___ No ___
- B. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ___ No ___
- If you answered "yes" to A, B, C, attach a statement giving details

Driving Experience (if none, write none)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (TOTAL)
		From	To	
Straight Truck				
Tractor and Semi Trailers				
Tractor-Two Trailers				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List safe driving awards held and from whom _____

Accident Review for past 3 years

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures in the past 3 years other than parking violations

LOCATION	DATE	CHARGE	PENALTY

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2))
MM/ DD/YY

TO BE READ AND SIGNED BY DRIVER APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company and the U.S. Department of Transportation.

Applicant's Signature

Date