



NEXUS DISTRIBUTION CORPORATION DRIVER APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
3555 Salt Creek Lane, Suite 100
Arlington Heights, IL 60005
Fax. 630-735-2313

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Applications must be completed in full even if attaching a resume.)

PERSONAL INFORMATION

Name

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.

Street City State Zip Code

Street City State Zip Code

Home Phone Number _____
Alternate Telephone Number _____

E-mail _____
When can you report to work _____

Position applying for _____
Expected Compensation \$ _____

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

Do you know any other employees of this Company? Yes No
If yes, please identify. _____

Are you over 18 years of age? Yes No * If under age 18; can you please provide proof of age? Yes No

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment, can you, upon employment provide genuine documentation establishing your identity and eligibility to be legal employed in the United States: () Yes () No

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

*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.

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS TRADE/OTHER			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE CHECK SCHEDULE AVAILABILITY

I am available and desire to work FULL-TIME (37 hours) and do not have restrictions on my hours and days. (Complete Section Hours Available, below).

I am available and desire to work PART-TIME (If less than 37 hours a week, please complete Section Hours Available, below).
I am only available for PART-TIME because:

Student Other Job Other (explain) _____

HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

WORK EXPERIENCE

ALL APPLICANTS:

Begin with your most recent employment and continue with all past employment. (Attach a separate sheet of paper, if necessary)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the proceeding 3 years. List complete mailing address, street number, 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 a such vehicle.

EMPLOYER			DATE	
NAME			FROM Mo. Yr.	TO Mo. Yr.
ADDRESS			POSITION	
CITY	STATE	ZIP	STARTING SALARY \$	ENDING SALARY \$
PHONE #	NAME AND TITLE OF IMMEDIATE MANAGER/SUPERVISOR			
JOB DUTIES	REASON FOR LEAVING (PLEASE EXPLAIN)			
WERE YOU SUBJECT TO THE FMCSR £ WHILE EMPLOYEED <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS YOUR JOB DESIGNED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER			DATE	
NAME			FROM Mo. Yr.	TO Mo. Yr.
ADDRESS			POSITION	
CITY	STATE	ZIP	STARTING SALARY \$	ENDING SALARY \$
PHONE #	NAME AND TITLE OF IMMEDIATE MANAGER/SUPERVISOR			
JOB DUTIES	REASON FOR LEAVING (PLEASE EXPLAIN)			
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYEED <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS YOUR JOB DESIGNED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER			DATE	
NAME			FROM Mo. Yr.	TO Mo. Yr.
ADDRESS			POSITION	
CITY	STATE	ZIP	STARTING SALARY \$	ENDING SALARY \$
PHONE #	NAME AND TITLE OF IMMEDIATE MANAGER/SUPERVISOR			

JOB DUTIES	REASON FOR LEAVING (PLEASE EXPLAIN)
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYEED <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS YOUR JOB DESIGNED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER			DATE	
NAME	FROM Mo. Yr.	TO Mo. Yr.		
ADDRESS			POSITION	
CITY	STATE	ZIP	STARTING SALARY \$	ENDING SALARY \$
PHONE #	NAME AND TITLE OF IMMEDIATE MANAGER/SUPERVISOR			
JOB DUTIES	REASON FOR LEAVING (PLEASE EXPLAIN)			
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYEED <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS YOUR JOB DESIGNED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER			DATE	
NAME	FROM Mo. Yr.	TO Mo. Yr.		
ADDRESS			POSITION	
CITY	STATE	ZIP	STARTING SALARY \$	ENDING SALARY \$
PHONE #	NAME AND TITLE OF IMMEDIATE MANAGER/SUPERVISOR			
JOB DUTIES	REASON FOR LEAVING (PLEASE EXPLAIN)			
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYEED <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS YOUR JOB DESIGNED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

May we contact your current 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. _____

List any other experience, skills or other qualification including hobbies, which you believe should be considered in evaluating your qualification for employment: Please indicate any prior military service which you would like considered in connection with your application for employment:

* Includes vehicles having a GVWR of 26,001lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous material in a quantity requiring placarding.
 † The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway or interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVRW (10,001 pounds or more), (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PROFESSIONAL REFERENCES**(WE DO NOT ACCEPT PERSONAL REFERENCES)**

NAME	TITLE	PHONE NUMBER	HOW LONG KNOWN

AUTHORIZATION

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interview before signing. The Application will be given consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans and individuals with a disability, any other characteristic protected by Federal, State and Local law.

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

ACCIDENTS RECORD FOR PAST 3 YEAR OF MORE (ATTACH SHEET IF MOR SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET) ETC...	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT:				
NEXT PREVIOUS:				
NEXT PREVIOUS:				

TRAFFIC VIOLATION AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE

LOCATION	DATE	CHARGE	PENALTY

**(ATTACH SHEET IF MORE SPACE IS NEEDED)
EXPERIENCE AND QUALIFICATIONS – DRIVER**

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

DRIVERS LICENSES	STATE	LINCENSE NO	TYPE	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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAIL: _____

DRIVING EXPERIENCE (CHECK YES OR NO)

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR AND SEMI TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – TWO TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – THREE TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
MOTORCOACH – SCHOOL BUS (More than 16 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No				
MOTORCOACH – SCHOOL BUS (More than 8 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No				
OTHER				

List states operated in for the last five years: _____

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

Which safe driving awards for you hold and from whom: _____

List any trucking, transportation or other experience that may help in your for work this company: _____

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical material you can work with (other than those already listed): _____

AUTHORIZATION

I authorize you to make such investigation and inquires of my personal, employment, financial or medical history and other related matters as my be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and release information in connection with my application.

In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in a discharge of my employment. I understand, also, that I am required to abide by all rules and regulation of Nexus Distribution Corporation.

I understand that information I provide regarding current and/or previous employers may be used, and those Employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by pervious employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I can not agree on the accuracy of the information.

Applicant's Signature

Date