

Application for Employment



O'CONNOR DISTRIBUTING COMPANY

Three Lakes Division - 111 Overton St, Hot Springs, AR 71901

Three Rivers Division - 2821 Port Rd, Pine Bluff, AR 71601

White River Division - 2101 Fairgrounds Rd, Newport, AR, 72112

Our company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, age, sex, color, national origin, religion, veteran status or any disability as contemplated by the Americans With Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL:

Date: _____ / _____ / _____

Name _____ Home Phone (_____) _____
Last First Middle

Current Address _____
Number Street City State Zip

Driver License # _____ State _____ Exp. Date ____/____/____ Class _____

Social Security # _____ - _____ - _____ Are you over 21? Yes No

Do you have the legal right to be employed in the United States? Yes No

Have you been convicted of any crime (excluding minor traffic violations) including specifically DWI? Yes No

If yes, state the offense, location, date and disposition _____

Note: a conviction will not necessarily disqualify you from employment.

Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended? Yes No

If yes, please give the facts and circumstances: _____

Have you failed or refused a DOT drug or alcohol pre-employment test in the past 2 years from an employer who did NOT hire you? Yes No

Do you have the ability to work overtime and/or travel, if required? Yes No

If no, please explain _____

Would you be willing to relocate? Yes No

EMPLOYMENT DESIRED:

Date Available to Start: _____

Position applied for (check one): Driver ___ Driver Helper ___ Merchandiser ___ Warehouse Management ___
Warehouse Picker ___ Salesman ___ Sales Manager ___ Office Admin ___ Salary Desired: _____

What type of employment are you seeking? Full-Time Part-Time Tempory/Seasonal

Have you ever applied to our company before? Yes No

Have you ever worked for our company before? Yes No

If yes, to either of the above question, state when and where you applied and/or worked: _____

How did you learn of our company and/or position? _____

Are you now, or do you expect to be, working in any other business or job? Yes No

Are there any days (including Saturday or Sunday) or hours you would be unable or unwilling to work? Yes No

If yes, please specify those days or hours you would be unable or unwilling to work _____

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EDUCATION:

Name, Address, and Location

Graduate? Courses Studied

High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College		Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
Trade School		Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:

Are you planning to pursue further studies? Yes No If so, when, where, and what courses?

List any scholastic honors, offices held and activities involved in during high school and college.

List and describe any other School or Specialized Training _____

MILITARY:

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____
 Date Separated _____ Final Rank _____

CAPABILITY / RELIABILITY:

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accomodation? Yes No

If not, explain which functions cannot be performed: _____

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No
 If yes, please explain _____

How many days of work have you missed (unexcused) in the last two years? _____

How many times have you been late for work (unexcused) in the last two years? _____

Would you be willing and able to report to work on time every day on a regular and consistent basis?

Yes No

If no, please explain _____

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WORK HISTORY:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR - DO NOT REFERENCE YOUR RESUME.

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay:
			From: Mo. ____ year ____	To: Mo. ____ year ____	Starting \$ ____ Ending \$ ____
Telephone (____) ____ - ____	Nature of Business	Reason for Leaving			
Title					
Duties					
Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay:
			From: Mo. ____ year ____	To: Mo. ____ year ____	Starting \$ ____ Ending \$ ____
Telephone (____) ____ - ____	Nature of Business	Reason for Leaving			
Title					
Duties					
Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay:
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Telephone (____) ____ - ____	Nature of Business	Reason for Leaving			
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Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay:
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Telephone (____) ____ - ____	Nature of Business	Reason for Leaving			
Title					
Duties					

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SUPPLEMENTAL EMPLOYMENT INFORMATION:

If you worked in any of your previous positions under another name, please give that name(s) _____
 Are you presently employed? Yes No
 If yes, may we contact your present employer Yes No
 Have you ever been fired, or asked to resign, from a job? Yes No If yes, explain _____

SPECIAL SKILLS:

Driving Straight Truck (years) _____ Driving Tractor/Trailer (years) _____ Forklift Operation (years) _____
 Do you have 1 or more years of delivery experience delivering goods using a class A CDL required vehicle to multiple site on a route AND you were responsible for UNLOADING the goods? Yes No

Computer/Software/Office Equipment (MS Office Apps, copier, etc): _____

Other relevant skills (explain): _____

Are you able to communicate in English to the extent required by the job you are seeking? Yes No

Use the space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet. _____

REFERENCES:

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any material omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason, or no reason at all, with or without prior notice.

Signature _____ Date ____ / ____ / ____

Company Use Only

Interviewed by: _____ Interviewer's remarks: _____

Is the operation of a company vehicle a job requirement? Yes No
 If yes, has a request for driver's record been made? Yes No

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LIST TRAFFIC ACCIDENTS FOR THE PAST 3 YEARS:

Date	Nature of Accident (rear-end, backing, etc.)	Fatalities	Injuries	Charge	Penalty
		Yes No	Yes No		
		Yes No	Yes No		
		Yes No	Yes No		
		Yes No	Yes No		
		Yes No	Yes No		

MOVING VIOLATIONS FOR THE PAST 3 YEARS:

Date	Nature of Violation/Charge (speeding, etc.)	Penalty

CONSENT FORM FOR DRUG TESTING

I have been requested to submit a specimen to be tested by a qualified laboratory to determine the presence or use of drugs. I agree and consent to this testing in compliance with the Company's DRUG AND ALCOHOL ABUSE POLICY which I have agreed to abide, and to the release of the test results to authorized persons. I understand that Management may rely on the test results in making decisions related to my employment or application for employment, as outlined in the Company's DRUG AND ALCOHOL ABUSE POLICY. I further understand that under the terms of the POLICY, if I refuse to submit specimens for testing under the circumstances and conditions outlined in the POLICY, I will be subject to discharge (if an Employee) or will not be eligible for hire (if an Applicant).

AGREED TO: _____ Date: _____
(Signature of Employee or Applicant)

(Print Name)

_____ Date: _____
(Witness Signature)

REFUSED: _____ Date: _____

(Print Name)

_____ Date: _____
(Witness Signature)



O'CONNOR DISTRIBUTING COMPANY

1515 East 4th Street
Little Rock, AR 72202
501-375-9113

AUTHORIZATION

I hereby authorize O'Connor Distributing Company to run a moving violation report on my driving record.

Driver's License Number _____

Social Security Number _____

Date of Birth _____

CDL _____ YES _____ NO _____ N/A

(Printed Name)

(Signature)

(Date)