

**SOUTHERN EAGLE DISTRIBUTING, LLC**  
**APPLICATION FOR EMPLOYMENT**  
**WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

APPLICANT'S STATEMENT: I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, citizenship status, service member status, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers, and I agree to hold it harmless for providing such information.

I understand that the Company reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Company or its designee. I release the Company and its designee from any and all liability and damages that may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for six months from the date of my hiring and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except that the President may do so in writing.

In return for the Company's agreement to arbitrate legal disputes and for considering this application, I agree by signing below that any dispute of a legal nature arising under federal, state, or local law between me and the Company (including any such claim regarding discrimination, harassment, or any other legal dispute relating to my employment arising under any labor, employment, or civil rights law) will be subject to final and binding arbitration in accordance with the Company's arbitration procedures. I understand that the arbitrator, who will serve as judge and jury, has the same authority to award money damages and other relief, as does a court or jury. If employed, and if required, I agree to sign a stand-alone arbitration agreement that would supplement this one. The Company's arbitration procedures are available for my review on request.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I certify that I have received a separate written notification that the Company may obtain a "consumer report" (for example, criminal history, driving records, etc.) on me for use in connection with my application and, if I am hired, my employment. I authorize the Company to obtain this report.

This application will be considered "active" for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.

**PERSONAL DATA**

Last Name	First Name	Middle Name	E-Mail Address
Present Address Street and Number City, State, Zip		How long have you lived there: Years _____ Months _____	
Previous Address Street and Number City, State, Zip		How long have you lived there: Years _____ Months _____	
Telephone Number(s) (Home, Cell, other)		Social Security Number	Are you 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No

**CURRENT AND PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time, seasonal and all other employment. If self-employed, give company name and supply business references. If you need more space, use a separate sheet of paper. DO NOT ANSWER "SEE RESUME." Fill out this form **completely**.

<b>Employer 1</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Telephone Number(s)</b>				
<b>Address</b>		<b>Hourly Rate/Salary</b>		
<b>Job Title</b>	<b>Supervisor Name &amp; Title</b>	<b>Starting</b>	<b>Final</b>	<b>Were you ever disciplined? If so, for what?</b>
<b>Reason for Leaving</b>				
<b>Employer 2</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Telephone Number(s)</b>				
<b>Address</b>		<b>Hourly Rate/Salary</b>		
<b>Job Title</b>	<b>Supervisor Name &amp; Title</b>	<b>Starting</b>	<b>Final</b>	<b>Were you ever disciplined? If so, for what?</b>
<b>Reason for Leaving</b>				
<b>Employer 3</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Telephone Number(s)</b>				
<b>Address</b>		<b>Hourly Rate/Salary</b>		
<b>Job Title</b>	<b>Supervisor Name &amp; Title</b>	<b>Starting</b>	<b>Final</b>	<b>Were you ever disciplined? If so, for what?</b>
<b>Reason for Leaving</b>				
<b>Employer 4</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Telephone Number(s)</b>				
<b>Address</b>		<b>Hourly Rate/Salary</b>		
<b>Job Title</b>	<b>Supervisor Name &amp; Title</b>	<b>Starting</b>	<b>Final</b>	<b>Were you ever disciplined? If so, for what?</b>
<b>Reason for Leaving</b>				

**BACKGROUND INFORMATION**

Position Desired: \_\_\_\_\_ (Only list one choice)

Placement Desired:  Full-Time  Part-Time  Temporary

When are you available for work? \_\_\_\_\_

Are you currently working?  Yes  No

How many days of scheduled work did you miss in the last 24 months, not including vacations, holidays and other approved leave? \_\_\_\_\_

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

\_\_\_\_\_

List any other names which you may have used and which will be necessary to verify prior to your employment: \_\_\_\_\_

\_\_\_\_\_

If hired, can you provide proof that you are legally entitled to work in the U.S.?  Yes  No

If not, what steps must be taken for you to begin employment lawfully? \_\_\_\_\_

Have you ever been terminated or asked to resign from any job?  Yes  No

If yes, please explain circumstances (use a separate sheet of paper if necessary): \_\_\_\_\_

\_\_\_\_\_

May we contact your current employer?  Yes  No

If no, please explain: \_\_\_\_\_

Have you ever worked for this Company or a related entity?  Yes  No

If yes, please give dates, position and location: \_\_\_\_\_

Do you have any friends or relatives working here or for a related entity?  Yes  No

If yes, Name(s), relationship and location: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Do you have any commitments to any other employer which may affect your employment?  Yes  No

If yes, explain: \_\_\_\_\_

Do you smoke or use tobacco? \_\_\_\_\_

**EDUCATION**

Education	Years Completed (Circle)	School Name & Location (City, State)	Describe Course of Study or Major	Describe Specialized Experience, Training, Skills, and Extra-Curricular Activities
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				

**RELEVANT EXPERIENCE**

Please indicate positions you have held in prior jobs:

<u>Management/Supervision</u>	<u>Office/Administrative</u>	<u>Sales</u>	<u>Warehouse</u>
<input type="checkbox"/> Operations Manager	<input type="checkbox"/> Accounting	<input type="checkbox"/> Sales Representative	<input type="checkbox"/> Stock Clerk
<input type="checkbox"/> Sales Manager	<input type="checkbox"/> General Clerical	<input type="checkbox"/> Route Driver	<input type="checkbox"/> Forklift Operator
<input type="checkbox"/> Warehouse Manager	<input type="checkbox"/> Secretary (Wpm: _____)	<input type="checkbox"/> Outside Sales	<input type="checkbox"/> Order Picker/Puller
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Switchboard/Receptionist	<input type="checkbox"/> Inside Sales	<input type="checkbox"/> Shipping/Receiving Clerk
<input type="checkbox"/> Shift Supervisor	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Delivery
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

List any job-related designations, certifications, courses or Wholesaler Integrated Learning (WIL) programs completed that may be applicable to the position for which you are applying: \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever plead “no contest,” nolo, or guilty to a crime, or been convicted of a crime?  Yes  No  
 You are not required to identify convictions that have been sealed, expunged or fall under a First Offender law.

Are any charges currently pending against you?  Yes  No

Has any adjudication ever been withheld?  Yes  No

(NOTE: Answering “yes” to these questions does not constitute an automatic bar to employment. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position’s functions and qualifications, the number of occurrences, the applicant’s age at the time of the crime, the time elapsed since the crime, the applicant’s entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by state, local, or federal law.)

If you marked yes to any of the above, please provide more detail:

**OTHER INFORMATION**

Please describe any other experience that you have which would be relevant to the job for which you are applying:

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**DRIVING INFORMATION** (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver’s license?  Yes  No If yes, License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you do not have a driver’s license for the state in which you currently reside, why not? \_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No If yes, explain: \_\_\_\_\_

Do you have personal automobile insurance?  Yes  No If no, explain: \_\_\_\_\_

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted, pled guilty, or pled nolo to a charge of DWI or DUI?  Yes  No

Are any such charges currently pending against you? If yes to either question, explain: \_\_\_\_\_

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS