



**—Distributing Co., Inc.—**  
"Quality Sales and Service Since 1947"  
**www.mcquades.com**

**1150 Industrial Drive  
P.O. Box 1196  
Bismarck, ND 58501  
(701)223-6850**

Updated: May 23, 2006

## **DRIVER'S APPLICATION FOR EMPLOYMENT**

### **TO BE READ AND SIGNED BY APPLICANT**

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. (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 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 FMCSA.

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 49CFR 391.23(d) and (e). I understand I have the right to:

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

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## DRIVER'S APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and will recruit, hire, promote, and train in all jobs without regard to race, color, religion, sex, origin, age, disability, or Veteran status. McQuade Distributing Co., Inc. also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws. All applications are kept active 30 days only.

Date of Application \_\_\_\_\_

Last Name:	First Name:	Middle Initial:	Social Security#
Do you have a legal right to work in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Must be 21 or older. Can you provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed at this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give date and position:	Date Available:	Salary expected:
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list dates, offenses and disposition (convictions are not automatic disqualification from employment):		

The job you are applying for may require that you lift heavy objects (175 lbs) can you? ( ) Yes ( ) No

Is there anything that would prevent you from performing in a reasonable and safe manner for the activities involved in the position for which you have applied? \_\_\_\_\_

Do you want to work ( ) Full time ( ) Part time

If part time, specify days and hours \_\_\_\_\_

Are you willing to work overtime as necessary? ( ) Yes ( ) No

Have you ever been employed by us? ( ) Yes ( ) No. If yes, when? \_\_\_\_\_

State name(s) of any relative(s) in our employ and your relationship to them:

\_\_\_\_\_  
\_\_\_\_\_

List your address of residency for the past 3 years.

Current Address

\_\_\_\_\_  
(Street) (City)

\_\_\_\_\_  
(State) (Zip Code) (Phone) How Long? (Yr/mo)

Previous Addresses

\_\_\_\_\_  
(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)

## DRIVER'S APPLICATION FOR EMPLOYMENT

Record of Education - Please circle the highest grade completed 8 12 16 16+

Name	City	Dates	Graduate?
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

### Military Service Record

Have you ever served in the U.S. Armed Forces? ( ) Yes ( ) No. List duties in the Service, including special training that is relevant to the position for which you have applied. \_\_\_\_\_

### Personal References (excluding relatives)

Name and Occupation \_\_\_\_\_

Dates known \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

## DRIVER LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ( ) Yes ( ) No

Has any license, permit, or privilege ever been suspended or revoked? ( ) Yes ( ) No

If the answer to either of the above questions yes, give details. \_\_\_\_\_

## DRIVER'S APPLICATION FOR EMPLOYMENT

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

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

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

MOST RECENT EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? YES NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? YES NO			

Can we contact this employer? ( ) Yes ( ) No

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? YES NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? YES NO			

  

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? YES NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? YES NO			

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

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 pounds or more (2) is designed or used to transport 9 or more passengers,

## DRIVER'S APPLICATION FOR EMPLOYMENT

ACCIDENT RECORD FOR PAST 3 YEARS. IF NONE, WRITE "NONE".

(Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (Head on, Rear End, Upset, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS. IF NONE, WRITE "NONE".

(Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

DRIVING EXPERIENCE. IF NONE, WRITE "NONE".

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES FROM TO		APPROXIMATE NUMBER OF MILES (TOTAL)
Straight Truck				
Tractor and Semi-Trailer				
Tractor-two trailers				
Other				

### OTHER QUALIFICATIONS AND EXPERIENCE

List States operated in for the last five years:	Special Courses or training related to this job:	Safe driving awards held? From whom?
Trucking, transportation, or other experience that may help in your work with this company:		Special equipment or materials that you can work with that relate to this job:

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## DRIVER'S APPLICATION FOR EMPLOYMENT

### Pre-Employment Statement

(Please read carefully and sign the statement below)

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials or during any interviews can be justification or refusal of employment, or if employed, termination from McQuade Distributing Co. Inc.'s employ.
2. Any offer of employment I may receive from McQuade Distributing Co., Inc. is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any postoffer pre-employment medical examination that the company may require. I hereby consent to having the results of any postoffer pre-employment or post-employment medical exams I maybe required to take disclosed to McQuade Distributing Co., Inc.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol and/or drug screening at any time at the discretion of McQuade Distributing Co., Inc.. I hereby consent to having the result of any such alcohol or drug screening results disclosed to McQuade Distributing Co., Inc.
4. In processing my application for employment the company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
5. In consideration of my employment, I agree to comply with the policies, rules, regulation, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the President, General Counsel, or Vice President, Human Resources, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the forgoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

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Signature of Applicant

Date