

# Mountain/Service Distributors

40 Lake Street/PO Box 520  
South Fallsburg, NY 12779  
845-434-5674 Fax 845-434-0059

## Application for Employment

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Are you 18 years of age or older?

Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes  No

Have you ever worked or attended school under another name? If so, under what name?

\_\_\_\_\_

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## Position Desired

Position: \_\_\_\_\_ Start date available: \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually

Do you prefer:  Full-time  Part-time If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

Days of week you are available to work: \_\_\_\_\_

Are you able to work:  Weekends

Holidays

Nights

Overtime

Have you previously worked for Mountain Service Distributors?  Yes  No

Dates of employment with Mountain Service Distributors: from \_\_\_\_\_ to \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Former supervisor(s) at this company: \_\_\_\_\_

## Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

## Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			

## Skills

Equipment Skills: Type of special tools, machines or equipment used: \_\_\_\_\_

Are you experienced in using personal computers?  Yes  No  PC  Mac

Are you able to use Microsoft Word, Excel, Power Point, etc. What other programs are you capable of using? Typing speed (WPM): \_\_\_\_\_

## References

Give the contact information of three persons who you have known, at least three years.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

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## Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

# Mountain/Service Distributors

## PRE-EMPLOYMENT DRUG TESTING CONSENT & RELEASE FORM

I hereby consent to submit to a drug and/or alcohol test as required by Mountain Service Distributors in the selection process of applicants for employment, for the purpose of screening for illegal drugs. I agree that Partners n Safety may collect a specimen for this test. I further agree to and hereby authorize the release of the results to the designated Medical Review Officer (MRO) for interpretation, prior to the results being released to my prospective employer. I agree to hold harmless my prospective employer and its agents, including the collection site and MRO, from any liability arising, in whole or in part, out of the collection, laboratory analysis or medical review of my specimen, and use of the information in connection with the company's consideration of my application for employment. I further agree that a reproduced copy of this pre-employment consent and release form shall have the same effect as the original.

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I have carefully read the foregoing and fully understand its contents. I acknowledge that my Signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

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I acknowledge that there is a \$48 pre-employment drug testing charge. I agree that \$48 charge will be taken out of my 1<sup>st</sup> paycheck and after I have completed 90-Days of employment that fee of \$48 will be given back to me in the following weeks payroll check.

I agree to the above terms and the initial deduction of the \$48 drug testing fee from my 1<sup>st</sup> paycheck at Mountain Service Distributors.

Applicant:

Printed

Name \_\_\_\_\_ SS # \_\_\_\_\_

Applicant:

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \$48 Deducted 90 Day End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payroll Date/After 90 Day Waiting Period is Over: \_\_\_\_/\_\_\_\_/\_\_\_\_ \$48 Returned

**IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Mountain Service Distributors** may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-725-3343, www.edgeinformation.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-725-3343, www.edgeinformation.com, and/or Employer itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BACKGROUND INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License\*\* \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Former Employer \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

# Mountain/Service Distributors

## FOR DRIVING POSITIONS ONLY

The position you are applying for requires a valid Driver's License with no points or violations listed within the past 60 months.

We verify the status of all licenses with the State Department of Motor Vehicles, in which they are issued.

In order for us to obtain a copy of your driving record, it is necessary for you to provide us with the following information, along with your signature and **a copy, or allow us to take a copy, of your driver's license & social security card:**

APPLICANTS FULL LEGAL NAME: \_\_\_\_\_

DRIVERS LICENSE ID# \_\_\_\_\_

STATE OF ISSUE OF THE LICENSE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

I hereby give Mountain Service Distributors permission to run a check on my driver's license.

If I become an employee, I agree that my license will be added to Mountain Service Distributors driver's licenses monitoring system and I will advise Mountain Service Distributors of any violations (traffic tickets or other things related to my license, such as suspension, etc.) as soon as they occur.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

