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: _____ City: _____ State: ____ Zip Code: _____

Telephone Number: _____ Email: _____

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?

_____

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? ❑ Yes ❑ No	Course of Study:
Technical School:	Graduated? ❑ Yes ❑ No	Course of Study:
College/University:	Graduated? ❑ Yes ❑ No	Course of Study:
Post-Graduate Education:	Graduated? ❑ Yes ❑ No	Course of Study:
Other education, training, or specific 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? ❑ Yes ❑ No
Description of Duties:		
Employer:	Address:	
From To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? ❑ Yes ❑ 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 people who you have known for 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: _____

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 all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

_____ _____

Applicants Signature Date

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 a 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. Edge Information Management will conduct these searches, 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 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 should 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

PRE-EMPLOYMENT & 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 in 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.

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.

I acknowledge that there is a $55 pre-employment drug testing charge.

I agree that the $55 charge will be taken out of my 1st paycheck and after I have completed 90-Days of employment that fee of $55 will be given back to me in the following weeks payroll check. OR
I agree that the $55 charge will be taken out of my 1st paycheck following being sent for a drug test to operate certain warehouse machinery and it would be returned to me the following week if the test came back negative.

I agree to the above terms:

Applicant:
Printed
Name _____ SS # _____

Applicant:
Signature _____ Date: ____/____/____

Start Date: ____/____/____ $55 Deducted 90 Day End Date: ____/____/____

Test Date: ____/____/____ $55 Deducted Result Date: ____/____/____

Payroll Date/After Test or 90 Day Waiting Period is Over: ____/____/____ $55 Returned.

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.

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 ____/____/____