

PIONEER DISTRIBUTING
1300 N. 24TH AVE
Phoenix, AZ 85009
PH: 602.278.2693 - FAX: 602-278-0285
PIONEER DISTRIBUTING is an "EEOE" Employer

EMPLOYMENT APPLICATION

Position (check one): Driver ___ Warehouse ___ Production ___ Office ___ Other _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: _____ Social Security Number: _____

Name _____
Last First Middle

List all addresses for past 5 years

Current Address _____
Street City

State Zip Code Phone
From _____ To _____

Previous Addresses 1. _____
Street City

State Zip Code Phone
From _____ To _____

2. _____
Street City

State Zip Code Phone
From _____ To _____

3. _____
Street City

State Zip Code Phone
From _____ To _____

(DOT Requirement ONLY) Date of Birth: _____ Last DOT Physical Date: _____
Month Day Year Month Day Year

Do you have the legal right to work in the U.S.? Yes: _____ No: _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Position _____

Reason for Leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

If there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description?

If yes, explain if you wish: _____

EMPLOYMENT HISTORY

May we contact your present employer? Yes _____ No _____

List **10 years** continuous past employment including unemployment periods. Do not skip any time periods. **Include: Names, mailing addresses / street addresses, cities, states, phone numbers and zip codes.**
(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH MOST RECENT. IF NECESSARY, ADD SHEETS).

List all Unemployment Period(s). Listings must be continuous!

PRESENT EMPLOYER			DATE	
NAME			FROM MO. YR	TO MO. YR.
ADDRESS			TITLE	
CITY			REASON FOR LEAVING	
CONTACT PERSON			Weekly Pay: Starting: \$	Ending: \$

DRIVER APPLICANTS ONLY: ACCIDENT RECORD FOR THE PAST FIVE YEARS. ATTACH ADDITIONAL SHEET IF NECESSARY. IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	DRIVER PREVENTABLE / NON-PREVENTABLE
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

DRIVER APPLICANTS ONLY: LIST ALL TRAFFIC CONVICTIONS FOR LAST 5 YEARS. (ATTACH ADDITIONAL SHEET IF NEEDED. IF NONE, WRITE NONE.)

LOCATION	DATE	CHARGE	PENALTY

DRIVER APPLICANTS ONLY: LIST ALL DRIVERS LICENSES HELD IN LAST 10 YEARS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	ENDORSEMENTS	EXPIRATION DATE

DRIVER APPLICANTS ONLY:

- A. Have you every been denied a license, permit or privilege to operate a motor vehicle: YES _____ NO _____
- B. Has any license, permit or pribilege ever been suspened or revoked? YES _____ NO _____
- C. Have you been convicted of a felony involving a commercial vehicle? YES _____ NO _____

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH STATEMENT GIVING DETAILS.

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

DRIVER APPLICANTS ONLY: DRIVING EXPERIENCE: IF NONE, WRITE NONE.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)	STATES OPERATED IN
		FROM	TO		
STRAIGHT TRUCK					
TRACTOR AND SEMI-TRAILER					
Tractor-Two Trailers or Other					

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARD DO YOU HOLD AND FROM WHOM? _____
(AWARD) (ISSUER)

EXPERIENCE AND OTHER QUALIFICATIONS

SHOW ANY SKILLS OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY.

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION.

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN).

APPLICANT COMMENTS: (VOLUNTARY)

TO BE READ AND SIGNED BY APPLICANT

RELEASE

This certifies that this application was completed by me, and that all entries on it and contained information is true and complete to the best of my knowledge. **I authorize PIONEER DISTRIBUTING to make such investigations and inquiries of my personal, employment, financial, medical, or criminal history, drug and alcohol test result history, safety, consumer reporting, 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 present and past employers, schools, health care providers, DAC, governmental agencies, credit bureaus 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 termination of employment. I understand also, that I am required to abide by all PIONEER DISTRIBUTING rules and regulations. Nothing in this application is intended to create or imply a contractual relationship. If hired, I understand that employment is at will, i.e., it is not for any specific time period of duration, and can be terminated with or without reason at any time. Unless hired, this application will be kept on file for **90 days**.

I further understand that I have the right to:

Review the information by previous employers;

Have errors in the information corrected by previous employers and for those employers to re- send the corrected information to prospective employer; and

Have a rebuttal statement attached to the alleged erroneous information, if previous employer(s) and I cannot agree on the accuracy of the information.

_____ Date

_____ Applicant's Signature

----- THESE SECTIONS TO BE FILLED OUT BY PIONEER DISTRIBUTING REPRESENTATIVE -----

PROCESS RECORD

CHECKS: MVR___ HAZ MAT___ D&A ___ DOT PHYSICAL___ PE___ ROAD TEST___ D&A RESULTS___ CRI___

PROCESS: OR___ TRAIN___ COM MAN___ SUPPLIES___ FILE___

DATE EMPLOYED _____ PAY RATE _____

DATE TERMINATED _____ DISMISSED _____ VOLUNTARILY _____ ROF _____ OTHER _____

MOTOR VEHICLE RECORD (MVR) POLICY

It is the policy of Pioneer Distributing Company, Inc. to obtain and review the Motor Vehicle Record (MVR) on each prospective driver* before an offer for employment is extended to the individual. Management will review the Motor Vehicle Record to ascertain the applicant or employee holds a valid license and their driving record is within the parameters set by company driving policy.

* A “driver” is someone who could not perform the duties assigned to them without driving a vehicle.

Management will conduct an annual review of each employee’s driving performance, where driving is a part of his or her job. Based upon the outcome of the annual review, the driving exposure, and the losses experienced during the past year, MVRs may then be ordered and reviewed. As a company policy, MVRs are checked each three years on all employees where driving is part of their job description, annually on drivers under the age of 25, and annually on drivers identified during the annual driving review. If the employee’s driving record does not meet the criteria set by management, driving privileges may be revoked, or other disciplinary action may be taken.

Date

PIONEER DISTRIBUTING

Pre-DOT Safety Sensitive Employment Position Drug Testing Consent Form

I understand that, as required by FMCSR, Title 49, USCFR, Sections 382 and 40 all prospective drivers and safety sensitive employees must be drug tested.

I understand that a refusal to test is considered the same as a positive test result.

I understand that if my test results are positive:

I have the right to have the second part of the split sample tested at an DOT approved laboratory,

I have to notify the MRO of such a request within 72 hours,

I will be financially responsible for costs involved.

It is further understood that a positive result:

disqualifies me from working in a DOT defined safety-sensitive position.

I also understand that the law requires all DOT D&A results must be made available to subsequent DOT employers upon written request.

I have read and understand PIONEER DISTRIBUTION'S D&A policy.

DATE

SIGNATURE