

SHETUCKET INDUSTRIAL SUPPLY

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

DATE: _____

POSITION APPLIED FOR: _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Are you legally authorized to work in the U.S.A.?

Yes _____ No _____

PERSONAL INFORMATION

NAME _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____
(Street) (City) (State & Zip Code)

TELEPHONE NUMBER _____

1. Is there any information we would need about your name or use of another name for us to be able to check work records? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by our company? If yes, please indicate employee name and relation to you

3. How were you referred to our company?

4. Have you ever pled "guilty" to or been convicted of a crime? YES _____ NO _____

If yes, please explain; _____

Such a conviction may be relevant if job related, but does not bar you from employment. Factors of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

SHETUCKET

Supply Companies

IX. APPLICANT VERIFICATION

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application, or immediate dismissal from the employer's service whenever it is discovered.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. The additional job information obtained may and can include a history regarding previous drug and alcohol testing activities for the previous two years. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity employer. The Employer does not discriminate in employment on a basis by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Signature of Applicant

_____ Date _____

Name of Applicant - Please Print -

X. ACCEPTABLE WORK LOCATIONS (CHECK ANY THAT APPLY)

Colchester Groton Norwich New London

Plainfield Putnam Westerly

APPLICATION FOR EMPLOYMENT -- PART II

TO BE FILLED OUT ONLY BY THOSE APPLYING FOR A TRUCK DRIVER POSITION

APPLICANT NAME : _____

DATE OF BIRTH : _____

SOCIAL SECURITY NUMBER : _____

XI. ADDRESSES - For Past Three Years - Attach Sheet If More Space Is Needed

Street City State Zip How Long?

Street City State Zip How Long?

Street City State Zip How Long?

XII. EMPLOYMENT RECORD

(Attach separate sheet if more space is needed) - D.O.T requires that Commercial Driving Experience for up to the past 10 years be provided. Please list here any not recorded in Part I of this application.

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

XIII. DRIVER HISTORY

EXPERIENCE AND QUALIFICATIONS - DRIVER

(Any Held In Past Three Years Must Be Shown)

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS) (ATTACH SHEET IF MORE SPACE IS NEEDED)**

LOCATION	DATE	CHARGE	PENALTY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

C. Do you have any restrictions on your license? YES _____ NO _____

IF THE ANSWER TO EITHER A B OR C IS YES, ATTACH STATEMENT GIVING DETAILS

I understand that the information on Parts I & II of this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations. Also, this certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date