



APPLICATION INSTRUCTIONS

Thank you for your interest in working for Schilling Distributing Company, L.L.C. In order for the Human Resource Department to accept and properly process your application, the following instructions are provided for your success in completing the form.

- A. Applications are color coded as follows:
 - 1) yellow applications are for CDL Drivers **ONLY**
 - 2) white applications are for every other position
- B. Please make sure all requested information is correctly filled out, including the ISG page located at the end of the application packet.
- C. A resume cannot be substituted in lieu of the application; however, you may attach a resume.
- D. For positions desired (located on the first page of the application), please choose from the following list of possible job vacancies that fit your qualifications:
 - 1) **Warehouse Department** - Warehouseman (Day & Night)
 - 2) **Delivery Department** - Box Truck Drivers , Delivery Associate (Chauffeurs Class D REQUIRED)
 - 3) **Sales Department** - Sales Associate (Entry Level)
 - 4) **Special Service Delivery** - Beer Tap Cleaner, Part-Time Helper
 - 5) **Maintenance Department** - Grounds Keeper
- E. Please note that once your application is received if you are eligible for employment we will contact you to set up an interview. Applications will be retained in a general file for three (3) months, so please submit only one during that period of time.
- F. Completed applications should be returned to the brown box on the left side of our foyer Monday through Friday 8:15 a.m. - 4:45 p.m. Note that our office is closed for lunch from Noon – 1:00 p.m.

****If the instructions are not carefully followed your application may not be considered****

Thank you for Applying
Human Resource Department



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, pregnancy, martial or veteran status, or any other legally protected status.

Name in Full: (First, Middle, Last) _____		Social Security Number _____
Current Street Address: _____	City/State/Zip: _____	Phone Number: _____
Date of Application _____	Position Applied For: _____	Are you 16 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
In case of emergency, notify: _____		Phone Number: _____
Driver's License #: _____	State: _____	Type of License: (Please Circle) Class E Class D Class A (CDL)
Do you have any restrictions on your license? _____ If yes, please explain: _____		
Vehicle License Plate Number: _____ Year: _____ Make: _____ Model: _____		

The prospective employee is required by Sec.40.25j to respond to the following questions.

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing during the past two years? _____

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? _____

May we contact your present/previous employer? _____ On what day would you be available to work? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? _____
Proof of citizenship or immigration will be required upon employment.

Are you available to work Full-time ☐ Part-time _____ Shift work _____ Temporary ☐

Are you currently on a lay-off status or subject to recall from another company? _____

Do you have your own transportation, and can you travel if the job requires it? _____

Will you work overtime if asked? _____ If no, please explain _____

Have you ever been arrested and or convicted of a felony or misdemeanor? _____ If yes explain _____

EMPLOYMENT HISTORY

NAME	POSITION HELD	
	FROM	TO
ADDRESS	STARTING SALARY	ENDING SALARY
	CHECK ONE REASON FOR LEAVING	
CITY, STATE	LAYOFF <input type="checkbox"/>	DISCHARGE <input type="checkbox"/> RESIGN <input type="checkbox"/>
CONTACT PERSON	TRAINING OBTAIN: _____	
PHONE NUMBER	_____ _____ _____	

NAME	POSITION HELD	
	FROM	TO
ADDRESS	STARTING SALARY	ENDING SALARY
	CHECK ONE REASON FOR LEAVING	
CITY, STATE	LAYOFF <input type="checkbox"/>	DISCHARGE <input type="checkbox"/> RESIGN <input type="checkbox"/>
CONTACT PERSON	TRAINING OBTAIN: _____	
PHONE NUMBER	_____ _____ _____	

NAME	POSITION HELD	
	FROM	TO
ADDRESS	STARTING SALARY	ENDING SALARY
	CHECK ONE REASON FOR LEAVING	
CITY, STATE	LAYOFF <input type="checkbox"/>	DISCHARGE <input type="checkbox"/> RESIGN <input type="checkbox"/>
CONTACT PERSON	TRAINING OBTAIN: _____	
PHONE NUMBER	_____ _____ _____	

NAME	POSITION HELD	
	FROM	TO
ADDRESS	STARTING SALARY	ENDING SALARY
	CHECK ONE REASON FOR LEAVING	
CITY, STATE	LAYOFF <input type="checkbox"/>	DISCHARGE <input type="checkbox"/> RESIGN <input type="checkbox"/>
CONTACT PERSON	TRAINING OBTAIN: _____	
PHONE NUMBER	_____ _____ _____	

EDUCATION & TRAINING

HIGH SCHOOL	CITY & STATE	ATTENDED FROM	ATTENDED TO	GRADUATION/DEGREE
NAME OF UNIVERSITY/TRADE				

SKILLED TRAINING

☐ YES

☐ NO

SPECIALIZATION:

OTHER SPECIAL SKILLS &/OR TRAINING

OTHER INFORMATION

INTEREST/HOBBIES

PHMSA DOT Release of Information Form-49 CFR Part 40 Drug & Alcohol Testing
Required under 49 CFR Part 40.25

Section I: To be completed by the new employee, signed by the employee and transmitted to:

Schilling/Verifi Global Solutions
P.O. Box 1422
Sunset LA 70584
Via Fax 1-800-819-9880

Employee Printed Name _____

Employee SS or ID Number _____

I hereby authorized the release of information from my Department of Transportation (DOT) regulated drug and alcohol Testing records testing by my previous employer(s), listed below to the employer and/or its agents listed above. The release is in accordance with DOT Regulation 49CFR Part 40, Section 40.25 and 40.321(a); 40.321(b) for which I took a DOT pre-employment drug test during the previous two years. I understand and agree to hold harmless my employer, its agents and previous employer(s) that release the following DOT regulation information.

- Verified positive drug test results.
- Alcohol test results that reflect a result of 0.04 or higher alcohol concentration.
- Records documenting a refusal to submit to required Random, reasonable cause/suspicion, post-accident, or follow-up drug or alcohol testing and/or verified adulterated or substituted drug test results.
- Records of any determinations that I engaged in alcohol misuse in violation of DOT regulation.
- Records pertaining to any substance abuse professional evaluations conducted and rehabilitation, including follow-up testing, undertaken by me following a violation of DOT drug and/or alcohol testing regulations.

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test results and any non-negative test records to Employers Resources LLC. In signing below, I certify that all information I have furnished on this form is true and complete, and that I have identified all of the companies for which I have worked in a DOT sensitive position or DOT pre-employment test during the previous two years on my application. I also understand that I am responsible for all cost associated with any pending Substance Abuse Professional assessment recommendations, education and treatment, including cost involving return-to-duty testing and follow-up testing have yet to be completed.

Employee Signature _____ Date _____

Employee/Applicant do not write below this line

Previous Employers (use more than one form if an employee has had more than one DOT regulated Employers in the past three years).

PREVIOUS EMPLOYER	DESIGNATED REPRESENTATIVE
PHONENUMBER	FAX NUMBER
DATES EMPLOYED FROM	DATES EMPLOYED TO

Did the employee have an alcohol test result with a result of 0.04 or higher?	
Did the employee have a verified positive drug test?	
Did the employee refuse to submit to a DOT required drug/alcohol test?	
Did the employee have other violations of DOT agency drug and alcohol testing?	
Did a previous employer report a drug and alcohol rule violation to you?	
If you answer "yes" to any of the above, did the employee complete the return to duty process?	
Designated Representative Signature	Title
Date	

AUTHORIZATION & RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

(PLEASE PRINT OR TYPE)

I, the undersigned consumer, do hereby authorize **Schilling Distributing Company**, its affiliates and **VERIFI GLOBAL SOLUTIONS, LLC** ("VERIFI") to procure a consumer report and/or investigative consumer report on me for the purpose of employment screening or for determining continued employment. I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by **Schilling Distributing**.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Schilling Distributing Company**, by and through **Verifi** including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I have been advised and understand that under the provisions of the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., that any person who produces or causes to be prepared an investigative consumer report on any consumer, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection (a) (1) of section 1681d, shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I understand that proper identification will be required and that I should direct my requests to the company listed below in order to request a copy of my consumer report.

VERIFI GLOBAL SOLUTIONS, LLC P.O. Box 1422, Sunset, Louisiana 70584, 800-367-0096 voc@2verifi.com

I hereby release and agree to hold harmless, **Schilling Distributing Company**, **Verifi** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment can be terminated based on any false, omitted or fraudulent information.

If applying for employment in California, Minnesota, Oklahoma, Alaska or New York:

I would like a copy of any consumer report regarding me. ☐YES ☐NO

Signature: _____ Date: _____

Legal Printed Name: _____
First Middle (full) Last Suffix

Other Names / Aliases or Maiden: _____

Social Security _____ Daytime Phone (_____) _____ Gender* _____

Driver's License _____ State of Issuance _____ Class: _____ Date of Birth _____

Please provide your addresses for the last (7) years.

City and State of Birth: _____

Email: _____

Current Address: _____
Street City State/Zip

Former Address: _____
Street City State/Zip

Have you ever been arrested, convicted or adjudicated of a crime? YES ☐ NO ☐

Have you ever been convicted in a military court martial? YES ☐ NO ☐

Have you ever been sanctioned or had your license suspended or revoked? YES ☐ NO ☐

Are you currently under any investigation or pending Charge? YES ☐ NO ☐

Answering Yes to any of the above questions DOES NOT automatically disqualify you from employment.

This information will enable us to properly identify you in the event we find adverse information during the course of our background search.

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