



EMPLOYMENT APPLICATION

**Wholesale Distributors
Plumbing-Heating-Cooling**

Today's Date _____

Name _____ Phone: () _____
First Middle Last

Current Address _____
Street City State Zip Code

Position Applying for _____ Soc. Sec. # _____

Who referred you? _____

There is nothing to my knowledge that would prevent me from the regular daily performance of the job for which I am applying. If not true, please explain:

True Not True: _____

Names of any relatives employed by this company _____

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

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

EMPLOYMENT RECORD

Drivers: The U.S. Department of Transportation requires that truck driver applicants show all employment for the past three years. You must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21 (b) (10), (11)

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Most Recent Employer: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held : _____ From _____ To _____ Earnings _____
month/year month/year Per hour week
 month year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held : _____ From _____ To _____ Earnings _____
month/year month/year Per hour week
 month year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held : _____ From _____ To _____ Earnings _____
month/year month/year Per hour week
 month year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held : _____ From _____ To _____ Earnings _____
month/year month/year Per hour week
 month year

Reason for leaving _____

Answer the questions in this section only if applying for truck driver position

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth §391.21 (b) (2)
(month / day / year)

The U.S. Department of Transportation requires that all driver applicants pass certain physical tests before they are hired to drive a motor carrier. FMCSR §391 Subpart E.

Date of last Department of Transportation prescribed physical examination _____. Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes No

Licenses

Driver Licenses held in past 3 years must be shown	State	License No.	Type	Expiration Date

- 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. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ____ No ____
 If you answered "yes" to A, B, C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat etc.)	Dates		Expiration Date
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List safe driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper 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

Location	Date	Charge	Penalty

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers 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 in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the Company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time (by myself or the Company), for any reason, or for no reason at all. I agree that, upon termination of my employment with the Company for any reason, I will satisfy all debts to the Company or make arrangements satisfactory to the Company, or they will be deducted from my final paycheck(s). I understand that only the Company's President is authorized to change the employment-at-will status on behalf of the Company and such a change can only be done in writing.

**READ CAREFULLY BEFORE SIGNING
DO NOT SIGN THIS APPLICATION UNLESS YOU UNDERSTAND
THE MEANING OF THE INFORMATION PROVIDED BELOW**

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY EMPLOYMENT WITH AARON & COMPANY MUST BE FILED NO MORE THAN ONE HUNDRED AND EIGHTY(180) DAYS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I ALSO WAIVE TRIAL BY JURY IN ANY LITIGATION ARISING OUT OF, OR RELATING TO, MY EMPLOYMENT WITH AARON & COMPANY, INCLUDING CLAIMS FOR WRONGFUL OR RETALIATORY DISCIPLINE OR DISCHARGE; CLAIMS OF AGE, SEXUAL, SEXUAL ORIENTATION, RELIGIOUS, PREGNANCY OR RACIAL DISCRIMINATION; CLAIMS UNDER TITLE VII OF THE CIVIL RIGHTS ACT, AMERICANS WITH DISABILITIES ACT, AGE DISCRIMINATION IN EMPLOYMENT ACT, EMPLOYEE RETIREMENT INCOME SECURITY ACT, FAIR LABOR STANDARDS ACT, FAMILY AND MEDICAL LEAVE ACT, GENETIC INFORMATION NON-DISCRIMINATION ACT, CONSOLIDATED OMNIBUS RECONCILIATION ACT (COBRA), IMMIGRATION REFORM CONTROL ACT, SARBANES-OXLEY ACT, NEW JERSEY LAW AGAINST DISCRIMINATION, NEW JERSEY CONSCIENTIOUS EMPLOYEE PROTECTION ACT, NEW JERSEY FAMILY LEAVE ACT, NEW JERSEY SAFE ACT AND ALL OTHER APPLICABLE NON-DISCRIMINATION, EMPLOYMENT OR WAGE AND HOUR STATUTES.

I have read, understand, and agree to the above.

Signature of Applicant _____