

Application for Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

Drug tests will be required of all applicants as a requirement for employment.

Date of Application: Position(s) Applied for:

Last Name: First Name: Middle:

Address: City:

State/Province: Zip:

Home Phone: Cell Phone:

E-Mail Address:

SS Number:

Are you currently employed? yes no May we contact your current employer? yes no

Doll Distributing, LLC.
www.dolldistributing.com

1901 De Wolf Street
Des Moines, IA 50316
Phone: 515-263-3208
Fax: 515-263-0516

3501 23rd Avenue
Council Bluffs, IA 51501
Phone: 712-323-5701
Fax: 712-323-3232

419 East 2nd Street
Spencer, IA 51301
Phone: 712-262-4117
Fax: 712-262-7370

Available to Work:

- Full-Time Part-Time Full or part-time Temporary

Shift Preference:

- 1st 2nd

Date Available:

Salary Expectations:

How did you hear about us?:

- Workforce Development Doll website Doll employee advertisement college
- Other name name name

Have you ever been employed with Doll Distributing? yes no -----If so, when?:

Have you been convicted of a felony within the last 7 years? yes no

Conviction will not necessarily disqualify an applicant from employment.

Are you currently on "Lay-Off"?

- yes no

Are you eligible to work in the U.S.? yes no

(proof of eligibility will be required)

EDUCATION

Type of School	Name of School and Complete Mailing Address	Course of Study	No. Years Completed	Major or Degree
High School				
College Bus. or Trade School				
Professional School				
Other				

SPECIALIZED SKILLS - Check skills/equipment operated

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Windows-Based Computer | <input type="checkbox"/> Microsoft Word |
| <input type="checkbox"/> Fax Machine | <input type="checkbox"/> Mac-Based Computer | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Voice Mail | <input type="checkbox"/> E-Mail (Outlook) | <input type="checkbox"/> Microsoft Access |
| <input type="checkbox"/> Internet | | <input type="checkbox"/> Microsoft Power Point |

Skills:

Various Software Applications (list all that apply):

Continue on the next page

Employment History - List below last employers, starting with most recent first.

Dates (Month & Year)	Employer Name, Address, Phone, and Supervisor Name	Job Title and Duties	Earnings:	Reason for Leaving (be specific):
End Date: <input type="text"/> Start Date: <input type="text"/>	Name: <input type="text"/> City, State: <input type="text"/> Phone: <input type="text"/> Supervisor: <input type="text"/>		Ending: <input type="text"/> Starting: <input type="text"/>	
End Date: <input type="text"/> Start Date: <input type="text"/>	Name: <input type="text"/> City, State: <input type="text"/> Phone: <input type="text"/> Supervisor: <input type="text"/>			
End Date: <input type="text"/> Start Date: <input type="text"/>	Name: <input type="text"/> City, State: <input type="text"/> Phone: <input type="text"/> Supervisor: <input type="text"/>			Ending: <input type="text"/> Starting: <input type="text"/>
End Date: <input type="text"/> Start Date: <input type="text"/>	Name: <input type="text"/> City, State: <input type="text"/> Phone: <input type="text"/> Supervisor: <input type="text"/>			Ending: <input type="text"/> Starting: <input type="text"/>

DRIVER EXPERIENCE & QUALIFICATIONS

LICENSES - Driver's licenses held in the past 3 years must be shown

State	License No.	Type	Expiration Date

1) Have you ever been denied a license, permit or privilege to operate a motor vehicle? yes no

2) Has any license, permit, or privilege every been suspended or revoked? yes no

3) Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? yes no

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Dates	Approx # of Miles

List states operated in for last five years

Which safe driving awards do you hold and from where?

Show special course or training that will help you as a driver

ACCIDENT REVIEW

Dates	Nature of Accident	Fatalities	Injuries

TRAFFIC CONVICTIONS OTHER THAN PARKING TICKETS FOR PAST 3 YEARS

Location	Date	Charge	Penalty

Comments:

List professional, trade, business, or civic activities and offices held. *[You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.]*

--

Other Qualifications: Summarize special job-related skills acquired from employment or other experience.

--

(not friends/relatives)

Professional References List names of 3 persons not related to you with whom you have worked - who are in a position to evaluate your suitability for employment (former work associates/supervisors, teachers)

Name			
Title			
Company			
Telephone			

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision., including but not limited to a criminal background check, employment verification, reference checking, and a DOT motor vehicle report.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any writing by authorized executive of this organization.

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 employer.

I understand that pre-employment testing will be required for employment.

I hereby understand that I am required to provide the Company's designated medical provider, with complete and accurate medical information on the Medical Examination Report during the Pre-Placement physical. I understand that if I provide false, misleading, incomplete or inaccurate medical information, it will result in my application being rejected, or, if I am hired, in my employment being terminated.

By clicking "Submit by Email" on the next page, I am agreeing to this Applicant's Statement.

CONSUMER CREDIT REPORTING REFORM ACT OF 1996
INVESTIGATIVE CONSUMER REPORT & CONSUMER REPORT

CONSUMER CREDIT DISCLOSURE/AUTHORIZATION RELEASE FORM

I hereby authorize Career Creations Inc., d/b/a Snelling Staffing Services, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes and to provide a copy of the report to the company considering an offer of employment to me, Doll Distributing, LLC.

I understand that the scope of the consumer report/investigative report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; drug test results; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Snelling or its agents or clients to where I may be assigned to work. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Snelling, and Doll Distributing, LLC. as well as the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and

Name: (First) Middle: Last: Former Name: Last

Former Name (s) and Dates Used:

Current Address Since:
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From:
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From:
(Mo/Yr) (Street) (City) (State/Zip)

Soc. Sec. Number: Date of Birth: (I.D. Purposes Only)

Drivers License Number/State:

Telephone Number (s):

SIGNATURE: **By clicking the "Submit by Email" button below, this acts as your signature for release.** Date:

By submitting this via email, I hereby grant permission to Career Creations Inc., d/b/a Snelling Staffing Services, LLC to conduct a background search.

Notification to Testing

I understand that, as required by company policy, and the Federal Motor Carrier Safety DOT 49CFR, section 382.307 prospective employees must submit to a controlled substance test involving collection of urine to include marijuana, cocaine, amphetamines (including methamphetamine), opiates and phencyclidine (PCP).

I understand that, if I test positive for the use of controlled substances, I will not be medically qualified to operate as commercial motor vehicle for interstate commerce. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer (MRO) before any positive drug test result is reported to the company.

The medical review officer on contract will maintain the results of the drug test with the company, who will report to the company whether the test result was negative or positive. The results of any test will not be released to any additional parties, except as provided by state or federal law, without my written authorization.

NOTE: Please retain this information for your records only. NO signature is needed for this form.

NOTE: Applicants 17 years old and younger will require signature of parent or guardian. Please ask for this form if under age 18.