

WILLOUGHBY SUPPLY / RB LOGISTICS

7433 Clover Ave, Mentor, Ohio 44060

APPLICATION FOR EMPLOYMENT

WILLOUGHBY SUPPLY IS A DRUG FREE WORK PLACE

PERSONAL INFORMATION

(Please Print)

Date: _____

Name: _____
Last First Middle

Address _____
Street No. Apt# City State Zip

Home Phone: _____ Cell Phone: _____

Are you over 18 years of age? YES No If NO, your age: _____

Are you a U.S. citizen? YES NO If not, are you authorized to work in the U.S.? YES NO

MILITARY SERVICE

Branch: _____ From _____ To _____

Discharge Date and Rank: _____

Type of Discharge: _____

Have you had any job-related training in the U.S. Military? YES NO

If so, explain and give dates: _____

EMPLOYMENT DESIRED

Position(s) applied for: _____ Full Time _____ Temporary _____

Referred by: _____

How did you learn about our Company/Position? Internet Newspaper Ad Employment Agency Other

Have you worked for us before? YES NO If yes, when ? _____

Position: _____

Can you perform the essential functions of the job for which you are applying with or without a reasonable accommodation? YES NO

If NO, please explain: _____

(If you have a question as to what functions are applicable to the position you are applying, ask before answering).

In what geographic locations are you willing to work? _____

Rate of pay desired? _____ Are you available to work Over Time YES NO

EDUCATION

Name & Location of School _____ Course of Study _____ Years Completed _____ Graduated?

High School _____ YES NO

Major: _____

College _____ Degree(s): _____ YES NO

Other/Trade _____ YES NO

Indicate special qualifications or skills: _____

Professional licenses or memberships: _____

(Please omit any organization that reflects your race, color, religion, age, sex or disability).

PREVIOUS EMPLOYMENT

(Start with present or most recent employer)

Employer: _____

Phone# _____

(address)

From: ____ / ____ / ____ To: ____ / ____ / ____

(city, state, zip)

Starting Salary/Wage: _____

Final Salary/Wage: _____

Position: _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

Do you have a Non-Compete Agreement currently in place with a previous/current employer? YES NO

If "Yes", please explain: _____

Employer: _____

Phone# _____

(address)

From: ____ / ____ / ____ To: ____ / ____ / ____

(city, state, zip)

Starting Salary/Wage: _____

Final Salary/Wage: _____

Position: _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ _____ (address) _____ (city, state, zip)	Phone# _____ From: ____ / ____ / ____ To: ____ / ____ / ____ Starting Salary/Wage: _____ Final Salary/Wage: _____
Position: _____	Supervisor: _____
Duties: _____ _____	
Reason for Leaving: _____	

PERSONAL REFERENCES

Please list three professional references that you have known at least one year
(other than those listed as current/former supervisors) who we may contact.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Years Known</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information provided by me in this Application for Employment is true and complete to the best of my knowledge. I understand that if Willoughby Supply employs me, any misrepresentation or false statements may be considered cause for dismissal, regardless of when discovered. I hereby authorize Willoughby Supply to investigate all statements on this application as may be necessary.

I further authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company

from all liability for any damage that may result from utilization of such information. I also hold such persons/entities providing such information harmless with respect to the information they provide.

I understand that the completion of this application does not guarantee employment with this employer. I further understand and acknowledge that if I am offered employment, I will be an employee at-will, and my employment may be terminated with or without cause, with or without notice, at any time, at the option of Willoughby Supply or me. I also understand and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I understand that I may be required to take and successfully pass a pre-employment physical and/or drug/alcohol test as a condition of employment and that refusal to take such tests will disqualify me for employment and/or result in my discharge if hired.

I understand that this application will be considered active for one year, after which time it will be discarded. If I wish to be considered for employment after that time, I need to fill out a new application.

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.

Signature of Applicant: _____

Date: _____

DO NOT WRITE BELOW THIS LINE
FOR HIRING MANAGER OR HR ONLY

SUMMARY OF INTERVIEW _____

Accepted for Employment? YES NO

Position: _____ Location: _____

Supervisor/Reporting to: _____

Status: _____ Regular, Full-Time
 _____ Part-Time with Benefits
 _____ Part-Time without Benefits

Starting Rate: \$ _____ per _____ Scheduled start date: _____

Interviewed by: _____ Approved by: _____

Pre-Employment Physical and/or Drug/Alcohol Screen Scheduled For: _____

Negative Test Results Received and Eligible to Start YES NO

DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Willoughby Supply / RB Logistics ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Corporate Screening Services, Inc., 16530 Commerce Court, Cleveland, OH 44130, (800) 229-8606, www.CorporateScreening.com**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by **Employer** by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by **Employer**, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Corporate Screening Services, Inc., 16530 Commerce Court, Cleveland, OH 44130, (800) 229-8606, www.CorporateScreening.com**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Date of Birth: _____ Drivers License Number: _____

Please Print Name: _____ Social Security Number: _____

Signature: _____ Date: _____