Company Name _____

Company Address _____

We are an equal opportunity employer. Your Application and response to any question will be judged on its relevance to the position you are seeking.

This form must be filled out completely by the applicant. Please print in ink. Incomplete applications will not be considered.

PERSONAL INFORMATION **DATE** / /

Name (Last)	(First)	(Middle)	Social Security No.		
Home Address		City	State	Zip	How Long?
Addresses for Past Three Years		City	State	Zip	How Long?
Home Phone ( )	Cell Phone ( )	Email Address	Business Phone ( )	May we contact you at work? (circle one) Yes	No
Position Applying For	Date Available / /		Are you interested in (circle all that apply) Full-time Part-time Temporary Summer		
If you are under 18 years of age, please state your date of birth. ____/____/____					
If you are applying for a position that includes driving duties, do you hold a valid driver's license? (circle one) Yes No Do you hold a valid CDL (Commercial Driver's License? Yes No					

Are you willing to relocate? (circle one) Yes No

Are you willing to travel? (circle one) Yes No What percent?_____%

Are you willing to work weekends? (circle one) Yes No

Are you willing and able to work overtime if required? (circle one) Yes No

How were you referred to us? _____

EDUCATION

Type of School	Name and Location of School	Number of Years Attended	Degree or Diploma	Field of Study
High School	Name			
	Location			
College	Name			
	Location			
Graduate School	Name			
	Location			
Trade School	Name			
	Location			
Other	Name			

SPECIAL SKILLS

List certifications or licenses held, computer software with which you are familiar and equipment you are qualified to operate.

U.S MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained

EMPLOYMENT HISTORY

Have you previously worked at a Winsupply or Noland Company?

(Mark one)_____No_____Yes. Specify name of Company, dates and position_____

Other Employers

List employment below starting with your most recent position. Please indicate if you were employed under a different name. Do not omit any prior employers. You may request a duplicate of this page if necessary. Reference to other documents such as a resume is not acceptable. By submitting this Application, I consent to have the Company contact the people listed on this form for references and authorize those individuals to provide truthful information regarding my qualifications for employment and my previous work history.

Drivers: DOT requires that all applicants wishing to drive a commercial motor vehicle must provide the following information on all previous employers during the preceding 3 years. You must give the same information for whom you have driven a commercial motor vehicle for an additional 7 years.

You are required to list the complete address: Street number and name, city state and zip code.Any gaps in employment and/or unemployment must be explained.

Employer	Dates Employed From: (mm/yyyy)	To: (mm/yyyy)
Address City State/Zip	Telephone Number ( )	
Job Title(s)		
Immediate Supervisor & Title		
Reason for Leaving		

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer	Dates Employed From: (mm/yyyy)	To: (mm/yyyy)
Address City State/Zip	Telephone Number ( )	
Job Title(s)		
Immediate Supervisor & Title		
Reason for Leaving		

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR

Part 40? Yes No		
Employer	Dates Employed From: (mm/yyyy)	To: (mm/yyyy)
Address City State/Zip	Telephone Number ( )	
Job Title(s)		
Immediate Supervisor & Title		
Reason for Leaving		
Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes No Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No		
Employer	Dates Employed From: (mm/yyyy)	To: (mm/yyyy)
Address City State/Zip	Telephone Number ( )	
Job Title(s)		
Immediate Supervisor & Title		
Reason for Leaving		
Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes No Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No		

EMPLOYMENT HISTORY COMMENTS (Including Explanation of any Gaps in Employment)

The next page is for DOT Regulated Driver positions only

Experience and Qualifications
TO BE READ AND SIGNED BY DRIVER APPLICANT ONLY

License	License Type	State	Expiration Date	Number
List all Driver's license(s) held within the last 3 years				
	If you have CDL, list CDL endorsements:			
	Has your license(s) ever been denied renewal, revoked or suspended? [ ] Yes [ ] No If yes, Please explain:			
	License Type	Action Taken	Date	Reason
Experience	If no driving experience within last 3 years - check here ☐			
Indicate number of years' experience and types of vehicle (trucks, tractors, semi-trailers, buses etc.)	Years	Type of Vehicle		
Accidents	If No accidents within the last 3 years - check here ☐			
Please indicate all accidents (company and personal during the past 3 years	Date	Nature of Accident (head-on, Rear-end, Sideswipe, etc.)	Injury/Fatalities	Hazardous materials spill
				☐ Yes ☐ NO
				☐ Yes ☐ NO
				☐ Yes ☐ NO
Violations	If no traffic convictions and/or forfeitures in the last 3 years - check here ☐			
List all moving violations (company and personal) during the last 3 years (other than parking)	Date	Offense	Location	Fine/Determination
Training Please indicate driver safety training programs completed:	Date	Location	Course Type / Conducted By	
Awards Please indicate all safe driving awards you've received:	Date	Location	Type of Award	Organization

Driver Applicant's Statement on Previous Pre-Employment Drug Testing

1 Have you tested positive, or refused to test on any pre-employment drug or alcohol test administered by a prospective employer in which you applied for, but did not obtain, safety-sensitive transportation work covered by the DOT agency drug and alcohol testing rules during the past two years. **Yes No**

2 If you answered yes to previous question. Can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements? **Yes No**

ADDITIONAL INFORMATION

You may list any other information you would like us to consider. That could include professional, trade, business or civic organizations and any offices held. You may list special accomplishments, publications, awards, etc. (*Exclude memberships that would reveal race, color religion, sex, sexual orientation, national origin, citizenship, age, mental or physical disabilities, or any other similarly protected class.*)

LEGAL

Federal law requires us to verify new employees' eligibility to work in the United States. Within three business days of beginning your new position, you will be required to provide proof of your identity and employment eligibility.

Were you ever discharged by any company? Yes No If yes, give name of company(ies)

Reason for discharge

EQUAL OPPORTUNITY EMPLOYER

Winsupply Inc. and The Winsupply Family of Companies (collectively the “Company”), in accordance with applicable Federal and State laws, shall not engage in practices which unlawfully discriminate against any individual or group for reasons of race, creed, sex, age, color, religion, national origin, sexuality, gender identity, pregnancy, disability, marital status, citizenship status or veteran status in all employment matters. The Company will take appropriate action to ensure that applicants and employees are treated in a non-discriminatory manner in recruitment, hiring, compensation, training and apprenticeship, promotion, upgrading, demotion, downgrading, transfer, lay-off and termination, and all other conditions of employment.

REFERENCES List three references (not relatives) that you have known for at least three years.

Name	Occupation	Address	Daytime Phone Number
			( )
			( )
			( )

APPLICANT STATEMENT

I certify that all information that I have provided is complete, true and correct, to the best of my knowledge. I understand that if any information on this application is found to be false, it will be sufficient cause for my application to be rejected or for my dismissal, depending on when the falsity is discovered.

I understand that, if I am hired, I am free to resign at any time, with or without cause, and with or without prior notice. I also understand that the company reserves the same right to terminate my employment at any time, with or without cause, and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that my employment is an "at will" status and no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements to the contrary are valid.

I authorize the investigation of any and all statements made by me in this application and/or my resume, and during my interview. This includes, but is not limited to contacting and obtaining information from all references, employers, public agencies, licensing authorities, and educational institutions. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organization for furnishing such information about me.

I understand that I may be requested to sign an Authorization and Release of Information Form for a Pre-Employment Background Check which may seek information as to my character, work habits, and reasons for termination of past employment. Additionally, I understand that by signing such Authorization and Release of Information Form, information may be obtained from various federal, state and local agencies concerning my past activities relating to driving record, criminal record, previous employment, education, and other aspects of my background which may be relevant to an employment decision. I understand that any offer of employment or continued employment is conditioned upon verification of reference information, my driving record, and successful completion of a background check and criminal records review.

I also understand that as part of the application process, I will be required to submit to a drug test. Prior to the test I will be provided a copy of the policy and a copy of any positive test result. I further understand that any offer of employment or continued employment is conditioned on my receiving a negative test result.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all the terms of the Applicant Statement.

Signature of Applicant_____Date _____

TO BE READ AND SIGNED BY DRIVER APPLICANT ONLY

I understand that the information I provide regarding current and/or previous employers may be used, and that all employer(s) withinthe past 3 years will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(a)(2). I understand that I have the right to:

A) Review information provided by previous employers;
B) Have errors in the information corrected by previous employers and for that previous employers to re-send corrected information to prospective employer; and
C) Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannotagree on the accuracy of the information.

Signature _____ Date _____

The U.S. Department of Transportation requires that all driver applicants give their date of birth (FMCSR 391.21 (b)(2)

Date of Birth (mm/dd/yyyy) _____/_____/_____