

**Johnson Brothers Liquor Company**  
**1999 Shepard Road**  
**St. Paul, MN 55116**

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

Full Legal Name:		Date:
Present Street Address:		
City:	State:	Zip Code:
Primary Phone Number:	Secondary Phone Number:	
Social Security #:	Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email Address:		
Are you authorized to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you are applying for a position in sales or delivery, please complete the following:		
Drivers License #:	Drivers License State:	Drivers License Type:
<b>Employment Desired:</b>		
Position:	Date Available to Start:	Salary Desired:
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, can we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever applied to this company before: Yes <input type="checkbox"/> No <input type="checkbox"/> If so, where?                      When?		
How did you hear about this position?		

I hereby certify that all the statements and answers set forth on this entire application form and / or my resume are true and complete to the best of my knowledge. I understand that if subsequent to employment any such statements and / or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. I understand and agree that my employment is for an indefinite period and may be terminated at any time without any previous notice, regardless of the date of payment of my wages and / or salary.

I understand and agree that, if a conditional offer of employment is extended to me, I may be required to take one or more physical examinations(s) and / or drug test(s) as a condition of hiring or continued employment. I agree to consent to such test(s) at such time as designated by employer and to release the employer, its directors, officers, agents or employees from any claims arising in connection with the use of such tests.

I understand and agree to the following: that as a condition of my employment and the employer's offer of employment, any and all disputes, controversies or claims arising between the employee and the employer concerning any aspects of the employee's employment or application for employment and / or the termination of employment thereof shall be settled by binding arbitration.

\_\_\_\_\_  
Signature  
7/17/13

\_\_\_\_\_  
Date

**EDUCATIONAL HISTORY**

Education Type	Name, Phone #, City and State of School	Number of Years Attended	Did you Graduate?	Area of Study
High School				
College				
Trade or Business School				
Other: _____				

**Subjects of special study or research work:**

US Military or Naval Service: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently serving in the National Guard or Reserve Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>
Rank: _____	

**EMPLOYMENT HISTORY**

(Please list the three most recent employers, starting with the last one first)

Date Month/Year	Name, City, State and Phone Number of Employer	Salary	Position Held	Reason for Leaving
FROM: TO:		\$ Per Year <input type="checkbox"/> Per Hour <input type="checkbox"/>		
FROM: TO:		\$ Per Year <input type="checkbox"/> Per Hour <input type="checkbox"/>		
FROM: TO:		\$ Per Year <input type="checkbox"/> Per Hour <input type="checkbox"/>		

**REFERENCES**

(Please name three persons not related to you, whom you have known at least one year)

Reference Name	Address & Phone Number	Business	Years Known

Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N. W., Washington, DC 20006.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). **Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

### You may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you

choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006  b. Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:  a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks  b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act  c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations  d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050  b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480  c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106  d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and AU Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates m: Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

**Previous Employer Alcohol & Drug Test Information & Safety Performance History**

**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

I, \_\_\_\_\_  
**First name**                      **MI**                      **Last name**                      **Social Security Number**  
 hereby authorize that my previous Employers, as stated on my employment application, may release and forward information requested by Section 2 and 3 (below) of this document concerning my Alcohol and Controlled Substances testing records and Safety Performance History to Prospective Employer:

Johnson Brothers  
 1999 Shepard Road  
 St. Paul, MN 55116  
 Confidential Fax: 651-637-3206

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER - ALCOHOL & DRUG TEST INFORMATION**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , sign below and return.

Under Department of Transportation testing requirements:

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  Yes  No
2. Has this person had a verified positive drug test?  Yes  No
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?  Yes  No
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?  Yes  No
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of this employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form if applicable.)  
 Yes  No

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER – SAFETY PERFORMANCE HISTORY**

The applicant named above was employed by us.  Yes  No Employed as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

1. Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight truck  Tractor-Semi-trailer  Bus  
 Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_
2. Reason for leaving your employ:  Discharged  Resignation  Lay Off  Military Duty

If there is no safety performance history to report, check here , sign below and return.

Accidents: Complete the following for any accidents included on your accident register (§390.15 (b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver. Please also provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

<u>Date</u>	<u>Location</u>	<u>No. of Injuries</u>	<u>No. of Fatalities</u>	<u>Hazmat Spill</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one):  Faxed to previous employer  Mailed to previous employer Date: \_\_\_\_\_

Completed information received via:  Fax  Mail  E-mail Date: \_\_\_\_\_

Recorded by (Signature) \_\_\_\_\_

## *Commercial Driving Employment History & Addendum*

Note: Show ALL employment for the past three years and all Commercial Driving Experience for the past 10 years. (The most recent three employers have been listed on the employment application. Please list additional jobs with commercial driving experience going back an additional seven years; for a total of 10 years of commercial driving employment history.)

<b>4<sup>th</sup> Last Employer: From:</b> _____ / _____ <b>To:</b> _____ / _____ <b>Employer Name:</b> _____ <b>Address:</b> _____ <b>City/State/Zip</b> _____ <b>Phone # ( _____ )</b> _____ <b>Job Title:</b> _____ <b>Pay \$</b> _____ <b>Reason for leaving:</b> _____
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<b>5<sup>th</sup> Last Employer: From:</b> _____ / _____ <b>To:</b> _____ / _____ <b>Employer Name:</b> _____ <b>Address:</b> _____ <b>City/State/Zip</b> _____ <b>Phone # ( _____ )</b> _____ <b>Job Title:</b> _____ <b>Pay \$</b> _____ <b>Reason for leaving:</b> _____
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<b>6<sup>th</sup> Last Employer: From:</b> _____ / _____ <b>To:</b> _____ / _____ <b>Employer Name:</b> _____ <b>Address:</b> _____ <b>City/State/Zip</b> _____ <b>Phone # ( _____ )</b> _____ <b>Job Title:</b> _____ <b>Pay \$</b> _____ <b>Reason for leaving:</b> _____
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<b>7<sup>th</sup> Last Employer: From:</b> _____ / _____ <b>To:</b> _____ / _____ <b>Employer Name:</b> _____ <b>Address:</b> _____ <b>City/State/Zip</b> _____ <b>Phone # ( _____ )</b> _____ <b>Job Title:</b> _____ <b>Pay \$</b> _____ <b>Reason for leaving:</b> _____
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Addresses for the past three years (one past address is listed on the primary application, list others below and attach an additional sheet if necessary):

1. \_\_\_\_\_  
 (Street) (City) (State) (ZIP) How Long?

2. \_\_\_\_\_  
 (Street) (City) (State) (ZIP) How Long?

### EXPERIENCE & QUALIFICATIONS – DRIVER (Attach sheet if more space is needed)

#### DRIVERS LICENSE

	State	License No.	Type	Expiration Date
<b>Driver's Licenses Held</b>				

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

**If answers to either A or B is yes, attach a statement giving details.**

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	To	Approximate Number of Miles (Total)
Straight Truck				
Tractor or Semi-Trailer				
Tractor and Two Trailers				
Other				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE**

Date	Nature of Accident (Rear-end, upset, etc.)	Fatalities	Injuries

**TRAFFIC CONVICTIONS FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

Date	Location	Charge	Penalty

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT**

As a prospective employer, we are required by Sec. 40.25 (j) to ask any applicant for a driving position with our Company whether he/she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past two years.

- 1) 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 rules during the past two years?

Check one:  Yes  No

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

Check one:  Yes  No

This certifies that I completed this addendum to the employment application and that all information therein is true and complete to the best of my knowledge. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return to duty process. (see Sec. 40.25 (b)(5) and (e))