



DISTRIBUTING, INC.

8946 N 700 W PO Box 307 DeMotte, IN 46310  
219-987-3785

www.terborgdistributing.com

# Application for Employment

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Answer all questions; please print clearly

|                                       |                   |                       |   |
|---------------------------------------|-------------------|-----------------------|---|
| <b>Last Name</b>                      | <b>First Name</b> | <b>Middle Initial</b> | <b>Social Security Number</b>   |
|                                       |                   |                       | Can you provide proof of age? Circle One Yes No                             |
| <b>Date of Birth (Month/Day/Year)</b> |                   |                       | Do you have the legal right to work in the United States? Circle One Yes No |

|                            |                                |
|----------------------------|--------------------------------|
| <b>Date of Application</b> | <b>Position(s) Applied For</b> |
|----------------------------|--------------------------------|

|                               |             |              |                 |                  |
|-------------------------------|-------------|--------------|-----------------|------------------|
| <b>Current Street Address</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> | <b>How Long?</b> |
|-------------------------------|-------------|--------------|-----------------|------------------|

|  |                          |                      |
|--|--------------------------|----------------------|
| <b>Home Phone Number</b>   | <b>Cell Phone Number</b> | <b>Email Address</b> |
| <i>Please list previous addresses for the last (3) years below</i> |                          |                      |

|                       |             |              |                 |                  |
|-----------------------|-------------|--------------|-----------------|------------------|
| <b>Street Address</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> | <b>How Long?</b> |
|-----------------------|-------------|--------------|-----------------|------------------|

|                       |             |              |                 |                  |
|-----------------------|-------------|--------------|-----------------|------------------|
| <b>Street Address</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> | <b>How Long?</b> |
|-----------------------|-------------|--------------|-----------------|------------------|

|                       |             |              |                 |                  |
|-----------------------|-------------|--------------|-----------------|------------------|
| <b>Street Address</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> | <b>How Long?</b> |
|-----------------------|-------------|--------------|-----------------|------------------|

|                              |  |                                 |
|------------------------------|--|---------------------------------|
| <b>Are you employed now?</b> | <b>If not, how long since leaving last employment?</b> | <b>What date can you start?</b> |
|------------------------------|--|---------------------------------|

|                          |                             |
|--------------------------|-----------------------------|
| <b>Who referred you?</b> | <b>Rate of Pay Expected</b> |
|--------------------------|-----------------------------|

Is there any reason you might be unable to perform the functions of the job you have applied? If yes, please explain.

|   |                            |                        |
|---|----------------------------|------------------------|
| <b>Education</b>                          |                            |                        |
| <i>Circle highest grade completed</i>     |                            |                        |
| <b>Elementary/Jr High</b> 1 2 3 4 5 6 7 8 | <b>High School</b> 1 2 3 4 | <b>College</b> 1 2 3 4 |

|                              |             |             |
|------------------------------|-------------|-------------|
| <b>Last School Attended:</b> | <b>Name</b> | <b>City</b> |
|------------------------------|-------------|-------------|



### Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding (3) years. List complete mailing address, street number, city, state, and zip code.

(NOTE: List employers in REVERSE order starting with the most recent. Add another sheet as necessary.)

| Employer              |              |                     | Date               |               |
|-----------------------|--------------|---------------------|--------------------|---------------|
| <b>Name</b>           |              |                     | From<br>Mo. Yr.    | To<br>Mo. Yr. |
| <b>Address</b>        |              |                     | Position Held      |               |
| <b>City</b>           | <b>State</b> | <b>Zip</b>          | Salary/Wage        |               |
| <b>Contact Person</b> |              | <b>Phone Number</b> | Reason for Leaving |               |

| Employer              |              |                     | Date               |               |
|-----------------------|--------------|---------------------|--------------------|---------------|
| <b>Name</b>           |              |                     | From<br>Mo. Yr.    | To<br>Mo. Yr. |
| <b>Address</b>        |              |                     | Position Held      |               |
| <b>City</b>           | <b>State</b> | <b>Zip</b>          | Salary/Wage        |               |
| <b>Contact Person</b> |              | <b>Phone Number</b> | Reason for Leaving |               |

| Employer              |              |                     | Date               |               |
|-----------------------|--------------|---------------------|--------------------|---------------|
| <b>Name</b>           |              |                     | From<br>Mo. Yr.    | To<br>Mo. Yr. |
| <b>Address</b>        |              |                     | Position Held      |               |
| <b>City</b>           | <b>State</b> | <b>Zip</b>          | Salary/Wage        |               |
| <b>Contact Person</b> |              | <b>Phone Number</b> | Reason for Leaving |               |

| Employer              |              |                     | Date               |               |
|-----------------------|--------------|---------------------|--------------------|---------------|
| <b>Name</b>           |              |                     | From<br>Mo. Yr.    | To<br>Mo. Yr. |
| <b>Address</b>        |              |                     | Position Held      |               |
| <b>City</b>           | <b>State</b> | <b>Zip</b>          | Salary/Wage        |               |
| <b>Contact Person</b> |              | <b>Phone Number</b> | Reason for Leaving |               |

| Employer              |              |                     | Date               |               |
|-----------------------|--------------|---------------------|--------------------|---------------|
| <b>Name</b>           |              |                     | From<br>Mo. Yr.    | To<br>Mo. Yr. |
| <b>Address</b>        |              |                     | Position Held      |               |
| <b>City</b>           | <b>State</b> | <b>Zip</b>          | Salary/Wage        |               |
| <b>Contact Person</b> |              | <b>Phone Number</b> | Reason for Leaving |               |

| Employer              |              |                     | Date               |               |
|-----------------------|--------------|---------------------|--------------------|---------------|
| <b>Name</b>           |              |                     | From<br>Mo. Yr.    | To<br>Mo. Yr. |
| <b>Address</b>        |              |                     | Position Held      |               |
| <b>City</b>           | <b>State</b> | <b>Zip</b>          | Salary/Wage        |               |
| <b>Contact Person</b> |              | <b>Phone Number</b> | Reason for Leaving |               |

| Employer              |              |                     | Date               |               |
|-----------------------|--------------|---------------------|--------------------|---------------|
| <b>Name</b>           |              |                     | From<br>Mo. Yr.    | To<br>Mo. Yr. |
| <b>Address</b>        |              |                     | Position Held      |               |
| <b>City</b>           | <b>State</b> | <b>Zip</b>          | Salary/Wage        |               |
| <b>Contact Person</b> |              | <b>Phone Number</b> | Reason for Leaving |               |



**Driving History**

**Driver's Licenses**

| State Issued | License Number | Type | Expiration Date |
|--------------|----------------|------|-----------------|
|              |                |      |                 |
|              |                |      |                 |
|              |                |      |                 |

**A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?** Circle One Yes No

**B. Has any license, permit or privilege ever been suspended or revoked?** Circle One Yes No

*If you answered yes to either of the above questions, please explain on the back of this sheet.*

**Accident Record**

*Accident record for past (3) years ; if more space is needed, use back of page. If none, write NONE*

| Date | Nature of Accident<br><i>(Head-On, Rear-End, Upset, etc.)</i> | Fatalities | Injuries |
|------|---|------------|----------|
|      |   |            |          |
|      |   |            |          |
|      |   |            |          |

**Traffic Conviction Record**

*Traffic convictions and forfeitures for the past (3) years (other than parking violations). If none, write none. If more space needed, use back of page.*

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

**Driving Experience**

*If none, write none.*

| Class of Equipment       | Type of Equipment<br><i>(Van, Tank, Flat, etc.)</i> | Dates |      | Approx Total Miles |
|--------------------------|---|-------|------|--------------------|
|                          |   | To    | From |                    |
| Straight Truck           |   |       |      |                    |
| Tractor and Semi-Trailer |   |       |      |                    |
| Tractor- Two Trailers    |   |       |      |                    |
| Motorcoach-School Bus    |   |       |      |                    |
| Other                    |   |       |      |                    |

**List States Operated in the Last (5) Years:**

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**Experience and Qualifications**

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

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List safe driving awards you hold and from whom:

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List any trucking, transportation or other experience that may help in your work for Terborg Distributing, Inc.:

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List course and training other than shown elsewhere in this application:

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List special equipment or technical materials you can work with other than shown elsewhere on this application:

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**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. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

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 Terborg Distributing, Inc.

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**Applicant's Signature**

**Date**