



# Application for Employment

8946 N 700 W

PO Box 307

DeMotte, IN 46310

219-987-3785

www.terborgdistributing.com

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.

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

Date of Application	Position(s) Applied For
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Current Street Address	City	State	Zip Code	How Long?
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Home Phone Number	Cell Phone Number	Email Address
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Please list previous addresses for the last (3) years below if different from current

Street Address	City	State	Zip Code	How Long?
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Street Address	City	State	Zip Code	How Long?
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Are you employed now?	If not, how long since leaving last employment?	What date can you start?
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Who referred you?	Rate of Pay Expected
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Is there any reason you might be unable to perform the functions of the job you have applied? If yes, please explain.

### Education

Circle highest grade completed

High School	1 2 3 4	College	1 2 3 4	Last School Attended:	_____
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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.

Applicant's Signature	Date
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# Employment History

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All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding (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	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	

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

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

## 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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# Driving History

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## 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 <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 <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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