



**DOWNEAST FOOD DISTRIBUTORS, INC.**

94 MERROW ROAD AUBURN, ME 04210

**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Are you at least 18 years of age? \_\_\_\_\_

Are you a legal citizen of the United States?  Yes  No - Please provide Visa # if not: \_\_\_\_\_

Do you have the legal right to be employed in the United States? \_\_\_\_\_

On what date can you start working, if you're hired? \_\_\_\_\_

Desired Salary per Hour: \$ \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

(If You're Applying for a Driving Position, Please Also Answer Questions in Sections B, C, D, E and F)

Section A

Please describe any special qualifications that you may have for this position, including previous jobs, education, training, experience, etc: \_\_\_\_\_

Are you, with or without accommodation able to perform the essential functions of the position you are applying for? If accommodations are necessary, please indicate such: \_\_\_\_\_

Section B

Do you have any driving restrictions?  Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

If Yes, Please explain: \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If Yes, Please explain: \_\_\_\_\_

Will you consent to a mandatory controlled substance test?  Yes  No

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No

If yes, please describe the nature of the crime(s), when and where convicted and disposition of the case:

\_\_\_\_\_  
\_\_\_\_\_

Section C

License Information

State: \_\_\_\_\_ License #: \_\_\_\_\_ Class: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Endorsements (If Any): \_\_\_\_\_

Section D

Driving Experience

Type of Equipment	Date From	Date To	Approx. Miles/Hours
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section E

Accident Record

Check Here If None

Date	Nature of Accident	Injuries?	Fatalities?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section F

Traffic Convictions in Past 3 Years

Check Here If None

Date	Violation	Penalty?
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_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

Name & Title:	Telephone Number:	Relationship:	Years Known:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EDUCATIONAL BACKGROUND

Name & Location	Years	Degree Earned
Elementary School _____		
High School _____		
College _____		
Trade/Business School _____		

## EMPLOYMENT HISTORY

Please list starting with most recent:

Name & Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name & Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name & Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

# EQUAL OPPORTUNITY INFORMATION

We are an equal opportunity employer. All employment decisions are based on qualifications to perform the job without regard to race, color, religion, age, sex, marital status, national origin, veteran status, handicap or disability. To assist the company in complying with Federal and State employment opportunity requirements, we encourage you to answer the below questions although it is not mandatory. All answers will be kept confidential.

**ETHNIC CATEGORY:** (Check all that apply)

- American Indian/Alaskan Native
- Asian or Pacific Islander
- African American (Not of Hispanic Origin)
- Hispanic
- Caucasian
- Other: \_\_\_\_\_

**DISABLED OR VETERAN STATUS:**

- Qualified Individual with Disability
- Qualified Disable Veteran

## PRE-EMPLOYMENT

I, \_\_\_\_\_ understand that employment at Downeast Food Distributors, Inc. is contingent upon passing a background check and pre-employment physical, which may include a lift assessment and a drug screening.

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date