



SUBSIDIARY OF STEPHENSON WHOLESALE CO., INC.

230 SOUTH 22nd STREET PO BOX 70 DURANT, OK 74701 (580) 920-0110

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

DATE

THIS COMPANY PROVIDES EQUAL OPPORTUNITY TO ALL QUALIFIED PERSONS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, VETERAN STATUS OR DISABILITY. FURTHER, THIS COMPANY COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT. IN THAT REGARD, PLEASE INFORM US IF ANY ACCOMODATION IS NEEDED.

ALL EMPLOYMENT PRACTICES PROVIDE THAT ALL INDIVIDUALS RECRUITED, HIRED, ASSIGNED, ADVANCED, COMPENSATED AND RETAINED ON THE BASIS OF THEIR QUALIFICATIONS ARE TREATED EQUALLY IN THESE AND ALL OTHER RESPECTS WITHOUT REGARD TO RACE, COLOR, CREED, SEX, AGE, RELIGION, NATIONAL ORIGIN, VETERAN STATUS OR DISABILITY.

PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE NO. FULL TIME PART TIME ARE YOU OVER THE AGE OF 18? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO ARE YOU ELIGIBLE TO WORK IN THE U.S.? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN

A FELONY CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES NO IF YES, WHEN DID YOU LEAVE? MONTH: YEAR: DO YOU HAVE ANY RELATIVES WORKING FOR THIS COMPANY? YES NO IF YES, LIST NAMES BELOW

RELATIONSHIP

JOB DESIRED: WAREHOUSE DRIVER OFFICE I CAN WORK: DAYS EVENINGS NIGHTS

EDUCATION INFORMATION

HIGH SCHOOL CITY/STATE HIGHEST GRADE COMPLETED

COLLEGE ATTENDED CITY/STATE

VOCATIONAL SCHOOLS ATTENDED CITY/STATE

IN CASE OF EMERGENCY NOTIFY: NAME RELATIONSHIP

ADDRESS CITY/STATE PHONE

EMPLOYMENT HISTORY

PLEASE ACCOUNT FOR THE PAST 10 YEARS OR PAST THREE EMPLOYERS. INCLUDE PERIODS OF SELF-EMPLOYMENT, SCHOOLING OR MILITARY SERVICE BEGIN WITH MOST RECENT

1

COMPANY NAME _____ PHONE _____
ADDRESS _____ CITY/STATE _____ ZIP _____
POSITION HELD _____ SUPERVISOR _____
HIRED: MONTH/YEAR / LEFT: MONTH/YEAR / WAGE: BEGINNING _____ ENDING _____
REASON FOR LEAVING _____

2

COMPANY NAME _____ PHONE _____
ADDRESS _____ CITY/STATE _____ ZIP _____
POSITION HELD _____ SUPERVISOR _____
HIRED: MONTH/YEAR / LEFT: MONTH/YEAR / WAGE: BEGINNING _____ ENDING _____
REASON FOR LEAVING _____

3

COMPANY NAME _____ PHONE _____
ADDRESS _____ CITY/STATE _____ ZIP _____
POSITION HELD _____ SUPERVISOR _____
HIRED: MONTH/YEAR / LEFT: MONTH/YEAR / WAGE: BEGINNING _____ ENDING _____
REASON FOR LEAVING _____

ARE YOU QUALIFIED TO OPERATE?: LIGHT TRUCK STRAIGHT TRUCK TRACTOR/TRAILER FORKLIFT

PERSONAL REFERENCES (OTHER THAN FAMILY)

NAME	CITY, STATE	TELEPHONE NO.
_____	_____	_____
_____	_____	_____

USE THIS SPACE TO GIVE ANY OTHER INFORMATION ABOUT YOUR PERSONAL SKILLS, WORK HABITS OR OTHER QUALITIES THAT COULD ASSIST US IN PLACING YOU

APPLICATION CERTIFICATION AND AGREEMENT

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I ALSO CERTIFY THAT I HAVE ACCOUNTED FOR ALL OF MY WORK EXPERIENCE AND TRAINING

I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS WILL BE CAUSE FOR CANCELLATION OF MY CONSIDERATION FOR EMPLOYMENT OR DISMISSAL, IF EMPLOYED.

I UNDERSTAND AND AGREE THAT, IF EMPLOYED, THE EMPLOYMENT BE "AT WILL," THAT IS, EITHER I OR THE COMPANY MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON OR FOR NO REASON. ALSO, I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT WITH ME FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR MAKE ANY AGREEMENT WITH ME CONTRARY TO THE FOREGOING.

I UNDERSTAND THAT EMPLOYMENT AS A DRIVER IS CONTINGENT UPON INSURABILITY AND, IF EMPLOYED AS A DRIVER, I AM SUBJECT TO IMMEDIATE DISCHARGE IF I BECOME UNINSURABLE FOR ANY REASON DURING THE COURSE OF MY EMPLOYMENT. ADDITIONALLY, I UNDERSTAND THAT ANY TRAFFIC CITATIONS INCURRED BY ME IN ANY COMPANY VEHICLE WILL BE MY RESPONSIBILITY AT THAT TIME AND THAT IF , FOR ANY REASON, MY DRIVER'S LICENSE IS REVOKED, I AM SUBJECT TO IMMEDIATE DISCHARGE.

I CERTIFY I HAVE NO OBJECTION TO THE FOLLOWING CONDITIONS CONCERNING MY EMPLOYMENT:

BEING AVAILABLE FOR OVERTIME WHEN NEEDED

SUBMITTING TO A DRUG EXAMINATION WHEN REQUESTED BY THE COMPANY.

RETURNING ALL COMPANY ISSUED ITEMS AT THE TIME OF TERMINATION.

ABIDING BY ALL RULES AND REGULATIONS OF THE COMPANY.

AVAILABLE TO WORK ANY SHIFT, ANY DEPARTMENT OR ANY JOB WHEN ASSIGNED BY THE COMPANY AT THE PREVAILING RATE AT THAT TIME.

SUBMITTING TO A SECURITY SEARCH WHEN REQUESTED BY THE COMPANY.

SIGNATURE OF APPLICANT _____

DATE _____

APPLICATION WILL NOT BE CONSIDERED WITHOUT SIGNATURE