



Application for Employment

Kentucky Location: 1600 Dolwick Drive Erlanger, KY 41018 Phone: (859) 371-5501 Fax: (859) 371-2660
Ohio Location: 351 Wilmer Avenue Cincinnati, OH 45226 Phone: (513) 871-7272 Fax: (513) 871-4432

Please print all of information requested, except the Applicant Signature on page 4.

Date _____

Name _____
Last First Middle Maiden

Current address _____
& Street City State Zip

Home Phone (____) _____ - _____ Cell (____) _____ - _____

Social Security Number _____ - _____ - _____ Please list age if under 21 _____

Position applied for _____ Desired Salary _____

Employment desired FULL-TIME Only _____ PART-TIME Only _____ FULL-TIME or PART-TIME _____

How many hours can you work weekly? _____ Can you work nights? YES _____ NO _____

Days/hours available to work No Preference _____
MON _____ TUE _____ WED _____ THUR _____ FRI _____ SAT _____ SUN _____

When are you available to start work? _____

Do you have the legal right to work in the United States? YES _____ NO _____

Do you have a VALID driver's license? YES _____ NO _____

Driver's license number _____ State of issue _____ Expiration date _____
License Type (check) Operator _____ Commercial (CDL) _____ Chauffeur _____

Have you had any accidents during the past three years? YES _____ NO _____ Number of: _____

Have you had any moving violations during the past three years? YES _____ NO _____ Number of: _____

Have you ever been convicted of a Felony? YES _____ NO _____

If yes, list the number of conviction(s) and explain the nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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Have you ever been in the Military (Armed Forces)? YES ___ NO ___

Are you a current member of the National Guard? YES ___ NO ___

Specialty _____ Date Entered _____ Honorable Discharge YES ___ NO ___

EDUCATION

School Name Type of School	Complete Address	Yrs. Completed	Major/Degree
_____ / _____ / _____ / _____ / _____			
_____ / _____ / _____ / _____ / _____			
_____ / _____ / _____ / _____ / _____			
_____ / _____ / _____ / _____ / _____			
_____ / _____ / _____ / _____ / _____			

REFERENCES

Please list 3 references other than previous employers and relatives.

Name _____ Position _____
 Company _____ Address _____ # & Street City State Zip
 Phone (____) _____ - _____

Name _____ Position _____
 Company _____ Address _____ # & Street City State Zip
 Phone (____) _____ - _____

Name _____ Position _____
 Company _____ Address _____ # & Street City State Zip
 Phone (____) _____ - _____

Please list below any additional information to detail your qualifications for the position for which you are applying.

How were you referred to the company? _____
 (e.g. Newspaper ad, agency, walk-in, internet, etc.)

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WORK EXPERIENCE

Please list information for the last 5 years, beginning with your most recent work experience.

Are you currently employed? YES ___ NO ___ May we contact your current employer? YES ___ NO ___

Employer Name _____

Address _____ Phone(_____) _____ - _____

& Street City State Zip

Employment Dates Start _____ End _____ Salary Start _____ End _____

Position Held _____ Supervisor Name _____

Duties performed, skills utilized, promotions and advancement obtained _____

Reason for Leaving _____

Employer Name _____

Address _____ Phone(_____) _____ - _____

& Street City State Zip

Employment Dates Start _____ End _____ Salary Start _____ End _____

Position Held _____ Supervisor Name _____

Duties performed, skills utilized, promotions and advancement obtained _____

Reason for Leaving _____

Employer Name _____

Address _____ Phone(_____) _____ - _____

& Street City State Zip

Employment Dates Start _____ End _____ Salary Start _____ End _____

Position Held _____ Supervisor Name _____

Duties performed, skills utilized, promotions and advancement obtained _____

Reason for Leaving _____

Application for Employment

WORK EXPERIENCE (continued)

Employer Name _____

Address _____ Phone(_____) _____

& Street City State Zip

Employment Dates Start _____ End _____ Salary Start _____ End _____

Position Held _____ Supervisor Name _____

Duties performed, skills utilized, promotions and advancement obtained _____

Reason for Leaving _____

WAIVER

Stagnaro Distributing is an equal employment opportunity employer and therefore bases all employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. Employment within Stagnaro Distributing depends solely on one's qualifications.

- I hereby authorize Stagnaro Distributing with:
 1. Permission to investigate all statements included on this application
 2. Permission to contact previous employers, references, schools and any additional contacts while releasing the company from all liability as a result of such contract.
 3. Permission to request information relating to my character, credit records, motor vehicle report, mode of living and general reputation from a consumer reporting agency.
- I understand that the misrepresentation of information contained on this application is cause for dismissal at any time without any previous notice.
- I understand that initial and continued employment with Stagnaro Distributing is based on:
 1. Consent to the company Drug and Alcohol Policy
 2. Compliance with the company Drug and Alcohol Policy
 3. Successful test results under the company Drug and Alcohol Policy
 4. Successful test results on other job related examinations
- I understand that the acceptance of this application or employment with Stagnaro Distributing does not create an actual or implied contract of employment.
- I understand that the company, or I, may end the employment relationship at any time without any specific notice or reason.
- I understand that employment with Stagnaro Distributing during the initial probationary timeframe and at any period thereafter, is terminable at will for any reason, by either party, at any time.
- If I am employed with Stagnaro Distributing, I understand that the company may revise policies, procedures and benefits at any time without specific notice or reason.

Applicant Signature

Date



DISCLOSURE REGARDING CONSUMER REPORTS

Stagnaro Distributing -- 351 Wilmer Ave, Cincinnati, OH 45226 -- (513) 871-7272

STAGNARO DISTRIBUTING Will Obtain a Background Check

You acknowledge and understand that in connection with your application for employment with **STAGNARO DISTRIBUTING** (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment, if hired, we may obtain a “consumer report” and/or an “investigative consumer report” on you from Trak-1, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

Consumer Report Defined

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. A common term for a consumer report is a “background check report.”

Investigative Consumer Report Defined

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. An investigative consumer report might include, for example, calls to the personal references you provide or conversations with former supervisors or colleagues where you worked.

Reports May Contain

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage information, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness, drug testing, or other medical records and medical information may be obtained only after a tentative offer of employment has been made.

Your Rights as a Consumer

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Trak-1's files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to Trak-1 should be forwarded to:

Trak-1 | Consumer Relations | 7131 Riverside Parkway | Tulsa, Oklahoma 74136

800-600-8999 | CustomerCare@trak-1.com

AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required in order for **STAGNARO DISTRIBUTING** to obtain a complete consumer report:

Full Legal Name : _____

(First Name, Full Middle Name, Last Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Gender*: M / F Race*: _____

Social Security Number: _____ Date of Birth*: _____

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Other or Former Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) _____

Your signature below indicates the following:

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to **STAGNARO DISTRIBUTING** any records or information referenced in the provided disclosure statement for employment related purposes;
- 2) You authorize ongoing procurement of any records or information, reports and records at any time during your employment to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish **STAGNARO DISTRIBUTING** and/or Trak-1 with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and

Consumer Signature: _____ Date: _____

* This information will be used for background screening purposes only.

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For **California** applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For **Minnesota** applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For **Oklahoma** applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

CALIFORNIA APPLICANTS: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer