

* Location where you applied

Applicant Name / Print



Weber Logistics

Application For Employment

Weber Logistics is successful because of our commitment to Customer Service. Every employee plays an important role in our commitment to excellence. Our employment process is thorough because we want to employ the best candidates for Weber.

It is our job to "Give our customers what they want, when they want it, and in the condition they want it."

Nicholas N. Weber
Chairman and CEO

This is an important document. Please answer each item completely and honestly. Failure to do so may result in you not being considered for the position.

Position Desired

Date



Application For Employment

Personal Information:

Name:			S.S. #:
<i>Last</i>	<i>First</i>	<i>Middle</i>	

List any other names by which you may have ever been known:

Present Address:

Street/Apt.#	City	State	Zip Code	() Phone
			Email Address	

Permanent Address:

Street/Apt.#	City	State	Zip Code	() Phone
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Are you 18 years of age or older? Yes No

If offered employment, can you provide proof of authorization to work in the United States? Yes No

Employment Desired:

Position Desired:	Date Available:	Salary Desired:
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Are you available to work: Full Time?: Part Time?:

Are you employed now?	Yes	No	If so, may we contact your present employer?	Yes	No
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Have you ever applied for work at Weber Logistics? Yes No

If so, where? When?

Have you ever been employed by Weber Logistics? Yes No

If so, where? When?

If you were previously employed by Weber Logistics, what was your reason for leaving?

Please give name of your last supervisor at Weber Logistics

How did you learn of Weber Logistics?



Application For Employment

Former Employers: (Please list last five employers, starting with most recent one.)

Name and address of present or last employer			
Starting Date	/ /	Leaving Date	/ /
Hourly/Monthly Starting Salary	\$	Hourly/Monthly Final Salary	\$
Job Title	Description of Work:		
Name and Title of Supervisor			
May we contact your Supervisor?	Phone No.		
Was termination voluntary or involuntary?			
Please give reason(s) for leaving:			

Name and address of former employer			
Starting Date	/ /	Leaving Date	/ /
Hourly/Monthly Starting Salary	\$	Hourly/Monthly Final Salary	\$
Job Title	Description of Work:		
Name and Title of Supervisor			
May we contact your Supervisor?	Phone No.		
Was termination voluntary or involuntary?			
Please give reason(s) for leaving:			



Application For Employment

Former Employers: (Please list last five employers, starting with most recent one.)

Name and address of present or last employer _____

Starting Date ____/____/____

Leaving Date ____/____/____

Hourly/Monthly Starting Salary \$ _____

Hourly/Monthly Final Salary \$ _____

Job Title _____ Description of Work: _____

Name and Title of Supervisor _____

May we contact your Supervisor? Phone No. _____

Was termination voluntary or involuntary? _____

Please give reason(s) for leaving: _____

Name and address of former employer _____

Starting Date ____/____/____

Leaving Date ____/____/____

Hourly/Monthly Starting Salary \$ _____

Hourly/Monthly Final Salary \$ _____

Job Title _____ Description of Work: _____

Name and Title of Supervisor _____

May we contact your Supervisor? Phone No. _____

Was termination voluntary or involuntary? _____

Please give reason(s) for leaving: _____



Former Employers: (Please list last five employers, starting with most recent one.)

Name and address of present or last employer			
Starting Date	/ /	Leaving Date	/ /
Hourly/Monthly Starting Salary	\$	Hourly/Monthly Final Salary	\$
Job Title	Description of Work:		
Name and Title of Supervisor			
May we contact your Supervisor?		Phone No.	
Was termination voluntary or involuntary?			
Please give reason(s) for leaving:			

Unemployment History

Please account for any time in the last ten years when you were not employed. (You need not list any unemployed periods of one month or less.)

Time Period	Reason(s) you were unemployed



Education

School Level	Name and Location Of Schools	No. of Years Attended	Did you graduate?	Major/Minor Studied
High School(s)				
College(s)				
Trade, Business or Correspondence School(s)				

Miscellaneous

Subjects of special study or research work	
Special Training	
Special Skills	
Do you have any commitments to another entity, business, or person that would affect your employment with Weber?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please explain fully	

Performance of Job-Related Functions

Are you able to perform the essential functions of the job for which you are applying with or without accommodations?

Yes, without accommodation Yes, with accommodation No

If you are able to perform the functions only with accommodations, please describe the nature of the accommodations you require and how you would perform the functions.



Performance of Job-Related Functions (Continued)

Is there any reason why You, when performing your duties, would pose a direct threat to the health or safety of yourself or others in the workplace?

Yes No

Explain Fully:

Do you take any illegal or non-prescribed drugs?

Yes No

Explain Fully:

Do you use alcohol to the extent that it could impair your job performance?

Yes No

Explain Fully:

Is there any reason why you would not be able to fully conform to all attendance requirements?

Yes No

Explain Fully:

Criminal Matters

Have you ever been convicted of a crime? (Do not identify Marijuana-related misdemeanor convictions occurring more than two years ago, or convictions for which the criminal record has been expunged, sealed or eradicated by the court, or misdemeanor convictions for which any probation has been completed and the case dismissed in court.)

Yes No No. of times

Did the conviction(s) result in imprisonment?

Yes No No. of times

Please explain each conviction fully. (A conviction will not necessarily disqualify an applicant.)



Criminal Matters (Continued)

Are you currently with an unresolved criminal charge (a charge which has not yet resulted in a plea, trial, or a dropping of the charge, or for which you are out on bail or on your own recognizance pending trial)? Yes No

Explain Fully: (a charge will not necessarily disqualify an applicant.)

Service Record

U. S. Military or Naval Service: _____ Rank: _____

Present membership in National Guard or Reserves: _____

Date obligation ends: _____

Relevant skills acquired during military service: _____

References

Please give the names of three persons not related to you, whom you have known at least one year:

Name:	Address:	Phone:	Years Known:
1.			
2.			
3.			



Authorization

Important: Please read carefully and initial each paragraph before signing.

"I declare under penalty of perjury that the facts contained in this application or any resume or other documentation submitted are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date."

Initials _____

"I agree to immediately notify Weber Logistics if I should be convicted of any crime while my job application is pending or during my period of employment, if hired."

Initials _____

"I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I further authorize the references listed on the previous page to give you any and all information they may have, personal or otherwise. I understand that Weber Distribution may request an investigative consumer report or a consumer credit report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, driving record, credit history and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to submit a written request to Weber Logistics, within reasonable time, for the disclosure of the name and address of the consumer reporting agency to obtain a complete disclosure of the nature and scope of the investigation."

Initials _____

"I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide Weber Logistics with relevant information and opinion that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion (which is truthful or made in good faith) to you."

Initials _____



Authorization

"I give permission for a pre-employment drug / alcohol screening exam and for a complete employment physical and mental examination if Weber Logistics makes a conditional job offer. I also consent to the appropriate release of any and all medical information, as may be deemed necessary."

Initials _____

"I understand that, if hired, I may not hold other employment, nor engage in other activities that create a conflict of interest with my position with the Company unless given permission in writing by Weber Logistics."

Initials _____

"If I become employed, in consideration of my employment, I agree to conform to the rules and regulations of Weber Logistics and I further agree that my employment will be at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or Weber Logistics. Only the President of Weber Logistics has the authority to enter into an employment agreement for a specified period of time or for termination only for cause, and any such agreement must be in writing. I understand and acknowledge that this constitutes the entire agreement between me and Weber Logistics regarding the term of my employment and supercedes any other oral or written agreement."

Applicant 's initials _____

Print Name: _____

Signature: _____

Date: _____



AUTHORIZATION For BACKGROUND INVESTIGATION



File Number (online users only): _____

To Whom It May Concern:

I, _____, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with _____.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker s compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (for I.D. purposes only): ____ / ____ / ____

Social Security Number: _____ - _____ - _____

Driver s License Number: _____ State of Issue: _____

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you.

Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

NOTICE TO CALIFORNIA RESIDENTS:

If you would like to receive a copy of your background information obtained by A-Check America, please indicate by checking the following box: Yes (Please send me a copy of my Background Report)

Signature: _____ Date: ____ / ____ / ____

<u>California, Minnesota and Oklahoma Residents Only:</u>	
If a consumer credit report is ordered, would you like a free copy of the report mailed to your home?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signature: _____	Date: ____ / ____ / ____