



Jennette Brothers, Inc.
506 N. Water Street, PO Box 608
Elizabeth City, NC 27909
252-338-2187

Foodservice Distributors

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE

DATE: _____

APPLYING FOR: FULL TIME PART TIME POSITION

General Information

Position applied for _____

Contact Numbers:
✓ best number for contact

Last Name First Middle

Home: _____

Cell: _____

Street Address _____

Work: _____

City State

Zip Code _____

Email Address _____

Have you made application or previously been employed by us? Yes No

If so, when? _____

Education

	Dates Attended	Degree Awarded or Years Completed
High School _____	From: _____	_____
	To: _____	RANK: _____
College _____	From: _____	_____
	To: _____	_____
Other _____	From: _____	GPA: _____
	To: _____	_____

NOTE: Jennette Brothers maintains a non-smoking environment and does not allow smoke breaks.

EMPLOYMENT HISTORY

List most recent employer first	Brief Job Description	Dates employed	Weekly salary/Per Hour	Reasons for Termination	Name/Title Supervisor
I					
Employer					
Address					
Phone					
II					
Employer					
Address					
Phone					
III					
Employer					
Address					
Phone					
IV					
Employer					
Address					
Phone					

Applicants must provide this complete work experience for the last 10 years, if applicable. More room on back of this page.

What was your favorite job? Why? _____

What salary level do you require? Start _____ 2 year _____ 5 year _____

List three (3) personal references. (Not relatives or past employers.)

Name	Address	Occupation	Phone
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Name	Address	Occupation	Phone
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Name	Address	Occupation	Phone
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Military Service

Are you currently a member of the armed forces? Yes No

If so, _____
 Branch Rank Held

Have you previously served in the armed forces? Yes No

If so, _____
 Dates Branch Rank Held

PERSONAL HISTORY

EMERGENCY CONTACT:

Name	Phone Number(s)	Relation to you
Do you have any mechanical knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____		
Transportation available to you: (please check) <input type="checkbox"/> Personal car <input type="checkbox"/> Ride <input type="checkbox"/> Taxi <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Other		

Driving Record – Background

Do you have a valid North Carolina driver’s license? Yes No _____
 License Number

If license from another State, list issuing state: _____

Do you have a valid North Carolina Class license? CDL A CDL B No _____
 License Number

If CDL from another State, list issuing state: _____

If CDL; is your medical card up to date? Yes No Expiration Date: _____

If CDL; have you failed a CDL drug/alcohol test in the past 3 years? _____

Have you been convicted of a moving traffic violation or accident within the past 7 years? Yes No
 If so, complete the information below and explain. CDL drivers must provide all details – use back for more room.

Date	Offense/Accident	Explanation

Have you ever been convicted of a misdemeanor or felony? Yes No

If so, complete the information below and explain:

Conviction Date	Offense	Explanation

Driving Experience (complete if you are applying for a driving position or any position in Operations.)

Equipment	Please Check	Type of equipment van, tank, flat, etc.	Dates		Approx. No. of miles (yearly)
			From	To	
Straight Truck					
Tractor and Semi-Trailer					
Tractor-Two Trailers					
Other					

Office Skills/Experience

Can you type? Yes No If yes, speed _____ Computer Experience: No. Years _____

Check program(s) you have used in previous positions:

Windows XP Pro Windows Word Excel Outlook Access Adobe Creative Cloud Suite

I hereby certify that the information contained in this application is true and correct. I understand that providing false, incomplete or misleading information on this application may result in my immediate dismissal. I also understand that in the event I am employed by Jennette Brothers, Inc. and am involved in theft or malicious destruction of company property, I will be prosecuted to the fullest extent allowed by law.

Date

Applicant’s Signature

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MVR REQUEST FORM

Company Name or Employer: JENNETTE BROTHERS, INC.

Employer's Address: PO BOX 608
ELIZABETH CITY, NC 27909

Name of Job: _____

Applicant: _____

Address: _____

Date of Birth: _____

Driver's License Number: _____

Social Security Number: _____

Consumer reports may be obtained as part of Jennette Brothers, Inc.'s evaluation of my job application/employment. The reports may be procured by Jennette Brothers, Inc.; by its agents or representation, including John Insurance and/or Insurance Carriers that they represent; and may include my driving record, an assessment of my insurability under the company's insurance coverages, or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability.

Applicant Sign: _____ *Dated:* _____

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Fair Credit Reporting Act Notification

In order to meet the requirements of the Fair Credit Reporting Act, JENNETTE BROTHERS, INC (Employer) provides this notification separately from any other documents. **The Employer may employ or use a Consumer Reporting Agency (CRA) as defined under the Fair Credit Reporting Act (FCRA) to research backgrounds by obtaining consumer reports related to its employees and applicants for employment at any stage of the employment application process and at any time during employment. The report may contain information about the applicant or employee’s personal and credit characteristics, character, general reputation, and lifestyle. The report provided by a CRA may be used to make employment decisions related to applicants and employees including, but not limited to the following: offers, denials or withdrawals of employment, promotions, terminations of employment, and reassignments.** If the Employer uses a CRA to investigate an employee or applicant’s background, the Employer will follow the guidelines established by the FCRA

The Employer will certify to the CRA that (1) any information requested is being requested for a permitted employment purpose, will only be used for that purpose and will not be used in violation of any federal or state equal opportunity law or regulation; (2) the individual’s written authorization to request the information has been obtained; and (3) before taking any adverse employment action against an employee or applicant based in whole or in part upon the information contained within the report provided by the CRA, the employee or applicant will be provided notice of the adverse employment action, a copy of the report and a summary of the employee or applicant’s rights under the FCRA.

Before taking any adverse employment action against an employee or applicant based in whole or in part upon the information contained within the report provided by the CRA, the Employer will provide the employee or applicant with (1) notification of the adverse employment action; (2) a copy of the report; and (3) a summary of the employee or applicant’s rights under the FCRA.

After taking any adverse employment action against an employee or applicant the Employer will provide the applicant or employee notification in writing, orally, or by electronic means containing (1) the name, address and telephone number of the CRA (including a toll-free telephone number, if it is a nationwide CRA); (2) a statement that the CRA did not make the adverse employment decision and cannot explain why the Employer made its employment decision; (3) a statement setting forth the employee or applicant’s right to obtain a free disclosure of the employee or applicant’s file from the CRA if the employee or applicant makes a request within 60 days; and (4) a statement setting forth the applicant or employee’s right to dispute directly with the CRA the accuracy or completeness of any information provided by the CRA.

I, _____, the undersigned individual, hereby certify that I have read and completely understand the notification above provided to me by the Employer.

Signature of Applicant/Employee

Date



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Authorization and Release

I, _____, the undersigned individual, understand that in order to work for (Employer), each employee or applicant must meet the guidelines established by the Employer. In order to meet those guidelines, the Employer may conduct an inquiry into my background. I understand that the Employer may conduct inquiries into my background at any stage of the employment application process and at any time during employment.

I understand that the Employer may do the research itself, or may employ or use a Consumer Reporting Agency (CRA) as defined under the Fair Credit Reporting Act (FCRA) to research my background. In a separate document entitled Fair Credit Reporting Act Notification that I received, I have been notified that the Employer may use a CRA to provide information on my background and that the Employer will follow the guidelines set forth in the FCRA.

I understand that inquiries into my background are not limited to, but may include inquiries related to criminal convictions, motor vehicle and driving records, educational records and documentation, prior employment records, civil actions and judgments, consumer credit reports, public records and any other documentation or records reflecting on my character, education, work habits, and my prior employment performance.

I hereby authorize and request every person, school or educational institution, firm, company, corporation, consumer reporting agency, governmental agency, including the North Carolina State Bureau of Investigation, court, association, institution or any other person or entity having control of any documents, records and other information pertaining to me, to furnish to the Employer, any of its agents or any CRA hired by the Employer any information, including documents, records, consumer reporting agency credit history reports, or any other pertinent data, and to permit the Employer, its agents, or any CRA hired by the Employer to inspect and make copies of such documents, records or other information.

I hereby release, discharge, and exonerate the Employer or any of its agents or representatives, any CRA hired by the Employer, and any person or entity furnishing information from any and all claims and liability of every nature and kind arising out of the requesting, procurement, furnishing or inspection of such documents, records, and other information or the investigation made by the Employer.

Photostat copies of this document shall serve as originals. This document shall be valid throughout my term of application and continuing employment with the Employer.

I hereby certify that I have read and completely understand this document, and that the results of inquiries into my background may result in adverse employment action against me, including, but not limited to withdrawal of offers of employment, denial of promotions, or the termination of existing employment.

Signature of Applicant/Employee

Date