

PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY

Name

Telephone Number

EDUCATION RECORD (List four (4) most recent schools attended, most recent or current school, first)

Name and Address of School	Course of Study	Number of Years Completed	Did you Graduate?	Diploma or Degree Received

Are you eligible to work in the United States? Yes No

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? Yes No Branch of Service: _____

Period of Active Duty: From _____ To _____

Rank At Discharge: _____ Date of Final Discharge: _____

List duties in the Military Service, including special training that is relevant to the position for which you have applied:

SKILLS, LICENSES OR CERTIFICATIONS (List those that may be relevant to the job for which you are applying)

EMPLOYMENT HISTORY (List your four (4) most recent employers in order, last or current employer, first)

Dates From To	Name, Address & Telephone Number of Employer	Describe Work Performed	Supervisor's Name & Title	Reason for Leaving	Starting & Ending Pay Rates

REFERENCES (List three (3) business and two (2) personal references, excluding relatives)

Name & Occupation	Dates Known	Address	Telephone Number	Personal or Business?

Do any of your relatives work for our company? ___Yes ___No Name of Relative: _____

IDENTIFICATION (To be used for the purpose of background checking)

List your previous Name (if less than three (3) years ago) _____

List your previous Address (if less than three (3) years ago) No. & Street _____

City _____ State _____ County _____

Driver's License Number: _____ State _____ State I.D. Number _____ State _____

POWERS DISTRIBUTING COMPANY, INC. PRE-EMPLOYMENT ACKNOWLEDGMENT

1. I, the undersigned authorize Powers Distributing Company, Inc. ("Powers") to request information from and consult with, other companies, individuals or agencies concerning my current or previous employment (including but not limited to job performance, attendance records and my involvement in previous incidents or accidents which resulted in any level of property damage or personal injury), as well as my education, competence, character, qualifications and driving license record. I authorize those parties to release any such information as requested by Powers, without any obligation to give me written notice of such inquiry or disclosure. I also authorize Powers to release any information concerning my employment with Powers requested by any prospective or subsequent employers without any obligation to give me written notice of such disclosure. I also authorize Powers to request information in order to conduct a credit, criminal, education and drivers license investigation of me as more specifically set forth in Supplement A to this application. I HEREBY RELEASE POWERS AND ANY INSTITUTION COMPANY, INDIVIDUAL OR AGENCY FROM ANY LIABILITY AS A RESULT OF THE DISCLOSURES.

2. I understand and agree that this Application is not an offer or a contract of employment and that if I am hired by Powers I shall be bound by the rules, policies, regulation, terms and conditions of employment of Powers as they may be communicated to me from time to time by Powers and which may be changed or modified at the will of Powers, in its sole discretion, with or without cause or notice to me (except as otherwise provided under any applicable collective bargaining agreement. I FURTHER UNDERSTAND AND AGREE THAT POWERS IS AN AT-WILL EMPLOYER, EXCEPT AS OTHERWISE PROVIDED UNDER APPLICABLE COLLECTIVE BARGAINING AGREEMENT) WHICH MEANS THAT MY EMPLOYMENT RELATIONSHIP WITH POWERS IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT THE WILL OF EITHER POWERS OR ME. I understand that the direction and control of all work is the sole prerogative of Powers (except as otherwise provided under any applicable collective bargaining agreement) and includes, by way of illustration only, the right to hire, layoff, transfer, reassign, demote or discharge. No manager or representative of Powers, other than the President, has the authority to enter into any agreement for employment for any specific period of time or make any agreement contrary to the foregoing. Further, any such agreement entered into by the President shall not be enforceable unless it is in writing as signed by the President and me.

3. I understand that according to federal law, all individuals must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. I agree that any employment by Powers is contingent on my ability to obtain and maintain the required documentation within the time period required by applicable law.

4. I certify that all of the information in this Application and other information given by me in support of this Application for employment is true and complete. I understand that any misrepresentation, misleading statement or omission of any fact on either this Application or other information given by me in support of this Application is sufficient reason for my (1) not being offered employment or (2) being disciplined, up to and including discharge at any time during my employment.

5. I understand and agree that if hired and if during my employment I am in need of an accommodation as a result of a handicap or disability, I will promptly notify Powers of my need for accommodation. If the claim is under Michigan Law, I will notify Powers in writing within 182 days after the need for accommodation is known or reasonably should have been known.

6. I understand that as a condition of further consideration of this Application, I will be required to undergo and successfully pass, as determined by Powers in its sole discretion, a screening for the current use of alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Powers.

7. I understand and agree that any claim that I might pursue upon termination of my employment must be brought within eight months of the date of my termination. I knowingly waive any limitations period which allows a longer time to bring a claim. If I am subject to a collective bargaining agreement which requires that I bring a claim in less time, I understand that such lesser time shall apply. If this is found to be legally unenforceable, as written, it may be limited to allow enforcement as far as legally possible.

Applicant Signature _____

Date _____