



Mountain Division – 7301 Federal Blvd Ste 200, Westminster, CO 80030
Southwest Division – 4920 Wilshire Blvd NE, Albuquerque, NM 87113
Midwest Division – W9257 Old Hwy 60, Lodi, WI 53555

APPLICATION FOR EMPLOYMENT – ALL POSITIONS

ANSWER ALL QUESTIONS - PLEASE PRINT
 USE BLUE OR BLACK INK ONLY

PERSONAL INFORMATION

Print Name _____ Preferred Name (if different) " _____ "
(LEGAL NAME) (FIRST) (MIDDLE) (LAST) (EXAMPLE: JOSEPH / JOE)

Drivers License # _____ State _____ Email: _____

AKA _____
(ALSO KNOWN AS) (FIRST) (MIDDLE) (LAST) (DATE YOU LAST WENT BY THIS NAME)

AKA _____
(ALSO KNOWN AS) (FIRST) (MIDDLE) (LAST) (DATE YOU LAST WENT BY THIS NAME)

Address _____
(CURRENT PHYSICAL ADDRESS) (STREET) (CITY) (STATE) (ZIP)

Home Tele _____ - _____ - _____ Work Tele _____ - _____ - _____ May we contact you at work? Yes No

Are you authorized to work in the U.S.? _____ If you are authorized to work in the U.S. through a work visa or permit, please describe the type of visa or permit. _____

Position / Title Desired _____

Schedule Desired Full-Time Day Full-Time Evening Part-Time Day Part-Time Evening Weekend Alt Staff

Indicate days or hours you are not available, if any. _____

Are you currently employed? _____ If not, are you subject to recall? _____

Have you ever worked here before? Yes No If yes, when? _____

A conviction will not necessarily disqualify you from employment consideration. Factors such as the date of the conviction, nature of the offense and rehabilitation efforts will be evaluated.

Have you ever been convicted of a criminal offense (***misdemeanor or felony***), or have any pending court cases other than a minor traffic violation? Yes No

If yes please explain in full: Include dates and locations for any such crime for which you were placed on diversion, probation or received a suspended imposition of sentence. (Do not include minor traffic offenses.)

How were you referred to Cold Front Distribution, L.L.C.?

Friend Relative Advertisement Employment Agency Other _____
(PLEASE SPECIFY)

Do you have any relative(s) currently employed by Cold Front? Yes No

If yes, please name: _____

In case of an emergency, notify: _____
Name Relationship

In accordance with the DOT regulation 49CFR 391.21(d) you are hereby informed that any information provided by you on this application may be used by Cold Front Distribution, and your prior employers may be contacted, for the purpose of investigating your background as required by 49CFR 391.23.

PLEASE READ AND SIGN BELOW FOR DRIVING POSITIONS:

As an applicant for a Department of Transportation (DOT) regulated commercial driving position, you are hereby informed that **Cold Front Distribution** will conduct an investigation into your driving record with state agencies and into your employment history with your previous employers in accordance with part 391.23 of the Federal Motor Carrier Safety Regulations (FMCSRs). This investigation will include the following information:

- ❑ Motor vehicle driving records from each state in which the applicant held a motor vehicle operator's license or permit within the preceding three (3) years.
- ❑ An investigation of the applicants previous employment record during the preceding three (3) years including:
 - Names and addresses of previous employers
 - Job titles and duties
 - Types of vehicles operated
 - Dates of employment
 - Reason for leaving that employment
 - Any motor vehicle accidents while employed
 - Any convictions of motor vehicle laws or ordinances while employed
 - Any violations of controlled substances and alcohol regulations
 - Information regarding safety performance and work habits

As per FMCSR part 391.23(i)(1) you are further informed of the following rights regarding the investigative information that will be provided to **Cold Front Distribution**, pursuant to the requirements of FMCSR part 391.23:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Information concerning the procedures to exercise these rights is listed in the Federal Motor Carrier Safety Regulations part 391.23(i) available from the U.S. Department of Transportation - Federal Motor Carrier Safety Administration or online at www.fmcsa.dot.gov.

I acknowledge receipt of this notification and understand the investigative requirements of and the rights afforded to me by FMCSR part 391.23.

Print Applicant's Name

Applicant's Signature

Date

APPLICATION FOR EMPLOYMENT

Today's Date: _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

First Name: _____ Middle Initial: _____ Last Name: _____

SSN #: _____

List your addresses of residency for the past 7 years.

Current Address _____
Street Address City
State Zip Code Home phone How long at this address?

Previous Addresses _____ How Long? _____
Street city State / Zip Code
_____ How Long? _____
Street City State / Zip Code
_____ How Long? _____
Street city State / Zip Code
_____ How Long? _____
Street city State / Zip Code

If hired, can you provide proof that you have the legal right to work in the United States? **Yes** **No**

Required for commercial motor vehicle drivers*:

Date of Birth: _____ Can you produce proof of age?: _____

* A COMMERCIAL MOTOR VEHICLE INCLUDING VEHICLES HAVING A GVW RATING OF 26,000 POUNDS OR OVER; VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, INCLUDING THE DRIVER OF ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN SUCH QUANTITY REQUIRING PLACARDS.

PROFESSIONAL REFERENCES (Please give 3 references - do not list personal references such as friends or relatives.)

| Name and Address (or City & State) | Current Telephone Numbers | Company Name, and Working Relationship | Years Known |
|------------------------------------|--|--|-------------|
| _____ | _____ - _____ - _____ Work _____ - _____ - _____ Home | _____ | |
| _____ | _____ - _____ - _____ Work _____ - _____ - _____ Home | _____ | |
| _____ | _____ - _____ - _____ Work _____ - _____ - _____ Home | _____ | |

Must be filled out completely – **DO NOT WRITE “SEE RESUME”**

CDL / Non CDL Driver

10 years of work history must be listed in compliance with FMCSA CFR 391.21 including unemployment

CURRENT OR PREVIOUS EMPLOYER

DATES

| | | | | |
|--|-------|-----|----------------------------|--------------------------|
| COMPANY NAME | | | FROM Mo. YR. | TO Mo. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY / WAGE | |
| CONTACT | PHONE | | REASON FOR LEAVING | |
| DESCRIPTION OF DUTIES / RESPONSIBILITIES: | | | | |
| WERE YOU SUBJECT TO DEPT. OF TRANSPORTATION REGULATIONS WITH THIS EMPLOYER? | | | YES ___ | NO ___ |
| WERE YOU SUBJECT TO DEPT. OF TRANSPORTATION DRUG AND ALCOHOL TESTING WITH THIS EMPLOYER? | | | YES ___ | NO ___ |
| If this is your Current Employer, may we contact for reference? | | | YES ___ | NO ___ |

PREVIOUS EMPLOYER

DATES

| | | | | |
|--|-------|-----|----------------------------|--------------------------|
| COMPANY NAME | | | FROM Mo. YR. | TO Mo. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY / WAGE | |
| CONTACT | PHONE | | REASON FOR LEAVING | |
| DESCRIPTION OF DUTIES / RESPONSIBILITIES: | | | | |
| WERE YOU SUBJECT TO DEPT. OF TRANSPORTATION REGULATIONS WITH THIS EMPLOYER? | | | YES ___ | NO ___ |
| WERE YOU SUBJECT TO DEPT. OF TRANSPORTATION DRUG AND ALCOHOL TESTING WITH THIS EMPLOYER? | | | YES ___ | NO ___ |

PREVIOUS EMPLOYER**DATES**

| | | | | |
|--|-------|-----|--------------------------|------------------------|
| COMPANY NAME | | | FROM Mo. YR. | TO Mo. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY / WAGE | |
| CONTACT | PHONE | | REASON FOR LEAVING | |
| DESCRIPTION OF DUTIES / RESPONSIBILITIES: | | | | |
| WERE YOU SUBJECT TO DEPT. OF TRANSPORTATION REGULATIONS WITH THIS EMPLOYER? | | | YES ___ | NO ___ |
| WERE YOU SUBJECT TO DEPT. OF TRANSPORTATION DRUG AND ALCOHOL TESTING WITH THIS EMPLOYER? | | | YES ___ | NO ___ |

PREVIOUS EMPLOYER**DATES**

| | | | | |
|--|-------|-----|--------------------------|------------------------|
| COMPANY NAME | | | FROM Mo. YR. | TO Mo. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY / WAGE | |
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| WERE YOU SUBJECT TO DEPT. OF TRANSPORTATION REGULATIONS WITH THIS EMPLOYER? | | | YES ___ | NO ___ |
| WERE YOU SUBJECT TO DEPT. OF TRANSPORTATION DRUG AND ALCOHOL TESTING WITH THIS EMPLOYER? | | | YES ___ | NO ___ |

PREVIOUS EMPLOYER**DATES**

| | | | | |
|--|-------|-----|--------------------------|------------------------|
| COMPANY NAME | | | FROM Mo. YR. | TO Mo. YR. |
| ADDRESS | | | POSITION HELD | |
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| WERE YOU SUBJECT TO DEPT. OF TRANSPORTATION DRUG AND ALCOHOL TESTING WITH THIS EMPLOYER? | | | YES ___ | NO ___ |

PREVIOUS EMPLOYER**DATES**

| | | | | |
|--|-------|-----|--------------------------|------------------------|
| COMPANY NAME | | | FROM Mo. YR. | TO Mo. YR. |
| ADDRESS | | | POSITION HELD | |
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PREVIOUS EMPLOYER**DATES**

| | | | | |
|--|-------|-----|--------------------------|------------------------|
| COMPANY NAME | | | FROM Mo. YR. | TO Mo. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY / WAGE | |
| CONTACT | PHONE | | REASON FOR LEAVING | |
| DESCRIPTION OF DUTIES / RESPONSIBILITIES: | | | | |
| WERE YOU SUBJECT TO DEPT. OF TRANSPORTATION REGULATIONS WITH THIS EMPLOYER? | | | YES ___ | NO ___ |
| WERE YOU SUBJECT TO DEPT. OF TRANSPORTATION DRUG AND ALCOHOL TESTING WITH THIS EMPLOYER? | | | YES ___ | NO ___ |

DRIVING EXPERIENCE

IF NONE, WRITE "NONE".

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES | | APROX. NO. OF MILES (TOTAL) |
|--------------------|--|-------|----|--------------------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK | | | | |
| TRACTOR AND SEMI | | | | |
| TRACTOR 2 TRAILERS | | | | |
| OTHER | | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

(List all driver's licenses held in the past 7 years, starting with current)

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-----------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES___ NO___

B. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES___ NO___

C. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES___ NO___

IF THE ANSWER TO A, B OR C IS YES, PLEASE ATTACH A STATEMENT GIVING DETAILS.

DRIVING RECORD

ACCIDENT RECORD FOR THE PAST 5 YEARS IF NONE, WRITE "NONE".

| | DATES | FATALITIES | INJURIES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) |
|---------------|-------|------------|----------|--|
| LAST ACCIDENT | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE "NONE"

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

TO BE READ AND SIGNED BY APPLICANT

It is the policy of Cold Front Distribution, LLC (Cold Front) to employ personnel strictly on the basis of an individual's qualifications. Selections are made without regard to race, color, religion, sex ancestry, age, disability, national origin or sexual orientation.

By my signature below, I hereby authorize the release of records for a consumer report and/or investigative report (s) about me to be considered for employment, and if employed by Cold Front, I also authorize the release of records to maintain my employment status and/or for future promotional consideration. This permits current/previous employers, educational institutions, city/county/state/federal courts, and All State Department of Revenue/Motor Vehicle Division, pursuant to the Driver's Privacy Protection Act (18 USC 2721) to release information about me to PBI, Inc., as an agent for said perspective employer, Cold Front. It is understood that failure on my part to provide information requested on this application or misrepresentation of any kind, shall be cause for denial of employment, or dismissal. Also, I release all parties from all liability for any damage that may result from furnishing such information.

The Drug and Alcohol Abuse policy of Cold Front provides that employment offers may be contingent on passing a drug screening test to the satisfaction of Cold Front. An employment offer will not be extended to a candidate who refuses to submit to a pre-employment drug test within 24 hours, or who fails to pass the drug test to Cold Front sole satisfaction.

All states that Cold Front operates in are At-Will states. Cold Front is an At-Will Employer, which allows an employer to terminate an employee without explanation or advance notice. I understand and agree that, if hired, my employment is for no definite time period and may be terminated at any time with or without cause and without prior notice.

I understand that this application, verbal statements by any company representative, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time.

AUTHORIZATION: I certify that I have read and understand this application, that the facts I have given in this application are true and complete, and that if employed, false information or omissions on this application shall be grounds for dismissal if discovered at a later date.

Signature: _____

Print Full Legal Name: _____

Date: _____

TO BE COMPLETED BY PERSONNEL DEPARTMENT

| | | | |
|--|-----|--------------------------|-----------------------------|
| <u>Applicant Hired</u> | Yes | No (<u>circle one</u>) | <u>If yes, date of hire</u> |
| <u>Terminal location:</u> | | <u>Classification:</u> | |
| <u>Supervisor:</u> | | | |
| IF APPLICANT IS NOT HIRED, REPORT REVIEW SHOULD BE PLACED IN FILE | | | |

TO BE COMPLETED BY RESPONSIBLE COMPANY REPRESENTATIVE

| | SUPERIOR | GOOD | FAIR | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |
|---|----------|------|------|---------------|------|------------------------|
| APPLICATION | | | | | | |
| INTERVIEW | | | | | | |
| LAST EMPLOYMENT | | | | | | |
| WRITTEN EXAM | | | | | | |
| ROAD TEST | | | | | | |
| CRIMINAL RECORD AND TRAFFIC CONVICTIONS | | | | | | |
| PHYSICAL EXAM (DRIVER APPLICANTS) | | | | | | |

SIGNATURE OF INTERVIEWING REPRESENTATIVE: _____