



# NAPOLI FOODS, INC.

## DRIVER APPLICATION FOR EMPLOYMENT

- ▶ We are an equal opportunity employer dedicated to a policy of non-discrimination on any basis, including race, color, age, sex, religion, disability, or national origin.
- ▶ Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Please type or print in black ink. Be sure to answer all questions.  
If any question does not apply to you, answer with "NO" or "Not Applicable" (N/A)

Date \_\_\_\_\_

Position Applied for	Minimum Salary Requirement		
Who referred you to Napoli Foods?	<input type="radio"/> Mail-in	<input type="radio"/> Agency	<input type="radio"/> Internet
	<input type="radio"/> Walk-in	<input type="radio"/> Advertisement	<input type="radio"/> Employee Referral..... Name _____
Have you ever worked for this company?	Where?		When?
<input type="radio"/> Yes <input type="radio"/> No			
Have you ever applied with this company?	Where?		When?
<input type="radio"/> Yes <input type="radio"/> No			
On what date can you start?	Would you accept employment in another location?		
	<input type="radio"/> Yes <input type="radio"/> No		

General Information			
Last Name	First	Middle	Social Security Number
Present Address	City	State	How long?
Previous Address (Last 3 Years)	City	State	How long?
Telephone Number and Area Code			*Date of birth
Home (    )		Work (    )	
Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status?			
Have you ever been fired or asked to resign by an employer?		If yes, please explain.	
<input type="radio"/> Yes <input type="radio"/> No			
Have you ever been convicted of a felony? Note: A felony conviction is not an absolute bar for employment.)		If yes, please explain.	
<input type="radio"/> Yes <input type="radio"/> No			
Name of person to be notified in case of emergency.			Telephone number and Area Code
			(    )

- ▶ Government regulations require that we verify your identity and employment authorization (Form I-9) within three (3) working days of your date of hire. Please be prepared to submit proper documentation.

**An Equal Opportunity Employer**



Failure to disclose information may result in termination.

<b>Traffic Convictions and Forfeitures for the Past Three Years (Other Than Parking Violations)</b>			
<b>Location</b>	<b>Date</b>	<b>Charge</b>	<b>Penalty</b>

<b>Activities, Additional Information and Comments</b>
List present and past membership in civic, professional, social or other organizations, sports, hobbies, and other interests.*

\*Exclude those which indicate race, color, sex, age, national origin, disability, religious preference or marital status.

**Applicant's Statement - Read Before Signing**

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize Napoli Foods, Inc. and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations including, but not limited to, criminal history checks from Federal, State or local authorities to ascertain any and all information of concern, whether same is of record or not, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information. Prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

(Massachusetts only) - It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

By submitting this application, I certify that all information on this form is correct and complete to the best of my knowledge. I further certify that all entries on and information in any subsequently executed medical questionnaire are true and correct to the best of my knowledge, and that I have read, understand, and agree to the above. I understand that any false information which I give may result in termination of my candidacy or any subsequent employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

