



APPLICATION FOR EMPLOYMENT

An E.E.O. M/F H/V Employer*

To be considered an applicant for employment at the Company, you must:

1. Complete this application form, with any attachments, in its entirety. If this APPLICATION FOR EMPLOYMENT, with any attachments, is not completed in full, your application WILL NOT BE considered for any employment purpose. Completion of this application does not indicate that any position is open or promised.
2. Attend all scheduled interviews and cooperate fully.

YOUR APPLICATION WILL REMAIN ACTIVE AND RECEIVE CONSIDERATION ONLY FOR 60 DAYS FROM THE DATE OF APPLICATION. TO RECEIVE CONSIDERATION AFTER THE 60 DAY PERIOD, AN APPLICANT MUST COMPLETE AND FILE ANOTHER APPLICATION FORM IN PERSON.

Name: _____ Date of Application: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Social Security #: _____

Position Applied for: _____

List one (1) position ONLY; do NOT leave blank; do NOT indicate "Open"

Are you at least 18 years of age? Yes No

Are you a Vietnam Era Veteran? Yes No

* Served between 8/5/1964 and 5/7/1975

Have you been convicted of a felony in the last 7 years? Yes No

Please indicate how you heard about this job: (select only one)

- Newspaper Advertisement
- Job Service
- Walk-in
- Friend/Relative
- Other

If an employee or associate of this Company referred you to us, please provide their name:

The Civil Rights Act of 1964, as amended, prohibits discrimination in employment on the basis of age, race, color, sex, religion, national origin, and disability.

Do you have any relatives working for us? _____

Were you ever employee by us? Yes No If yes, when? _____

EDUCATION AND TRAINING

	SCHOOL NAME/ LOCATION	CIRCLE HIGHEST YEAR COMPLETED	GRADUATED
Grade/ Grammar		1 2 3 4 5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School or G.E.D.		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Vocational Trade School or Other Training		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College Degree Received:		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post Graduate Degree Received:		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

Crescent Crown Distributing, LLC is an equal opportunity employer and selects the best matched individual for the job based upon job-related qualifications, regardless of race, color, creed, sex, national origin, age, disability or other protected groups under state, federal, or local Equal Opportunity laws.

I understand and accept the following as conditions of employment:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination of employment.
2. It is my understanding that Crescent Crown Distributing, LLC will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment.
3. I agree that my employment may be terminated by this Company at any time without liability for wages or salary except such as may have accrued at the date of such termination.
4. If requested by the management at any time, I agree to submit to search of my desk or locker that may be assigned to me.
5. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a schedule other than Monday through Friday or temporary assignments at other Company facilities.

I further understand that this is an Application for Employment and that no employment contract is being offered.

I understand that if I am employed, such employment is terminable at will.

I have read and understand the above.

Signature: _____

Date: _____

Candidate Release Authorization

- I. In connection with my application for employment or continued employment at **Crescent Crown Distributing, L.L.C.** (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: if you want a free copy of the report(s) ordered, check this box . The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Disclosure / Authorization Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **Crescent Crown Distributing, L.L.C.** (the Company) or its agent, to furnish the information described in Section I.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to **Crescent Crown Distributing, L.L.C.** This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name	LAST	FIRST	MIDDLE
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Please print other names you have used

Home Address	City	State	Zip Code
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Please list other address you have used	City	State	Zip Code
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Please list other address you have used	City	State	Zip Code
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Social Security Number	Date of Birth (FOR IDENTIFICATION PURPOSES ONLY)
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The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female Race: Asian Black/African American Hispanic/Latino White Other

Driver's License Number	State Issuing License	Name as it appears on license
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I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.

Signature

Today's Date

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, CO 80524
(800) 367-5933

Applicant's Name:

(Please Print)

Applicant's Address:

City / State / Zip:

Signature:

Social Security Number:

APPLICANT: Please keep this page.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed for bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s website (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your files unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your

dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in a state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:	
For Questions or Concerns Regarding:	Please Contact:
CRAs, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, MS 6-6 Washington, DC 20219 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
Banks that are state-chartered or are not Federal Reserve System members	Federal Deposit Insurance Corporation Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20205 202-720-7021

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION DATA

Crescent Crown Distributing, LLC is an Equal Opportunity/Affirmative Action Employer, and as such, is required by federal law to maintain certain information regarding applicants interested in employment.

You are invited to provide the following information voluntarily. This information will remain **CONFIDENTIAL** and will be used only for purposes allowed by law. Refusal to provide such information will not subject you to any adverse treatment nor will it become part of your personnel record should you become employed by **Crescent Crown Distributing, LLC**. **Furthermore, please understand that this information will not be shared with any manager or supervisor who is involved in the decision making process as to whether or not you will be considered for employment by the Company.** Thank you for your cooperation.

Name: _____ Position Applied For: _____ Date: _____

Address: _____
(Street / P.O. Box) (City / State) (Zip Code)

(Parish)

RACE/ETHNIC CATEGORY (check appropriate box)

A. Are you Hispanic or Latino? Yes No

B. If you Answer No to question A, please mark one of the following:

- | | |
|---|---|
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (not Hispanic or Latino) | <input type="checkbox"/> Hawaiian Native or Other Pacific Islander (not Hispanic or Latino) |
| <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) | <input type="checkbox"/> Two or More Races (not Hispanic or Latino) |
| <input type="checkbox"/> I decline to identify my race/ethnicity | |

GENDER (check appropriate box)

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> I decline to identify my gender |
| <input type="checkbox"/> Female | |

CRESCENT CROWN DISTRIBUTING, LLC
Traffic Violation Release Form (MVR)

I _____ do hereby authorize Crescent Crown Distributing, LLC to access my traffic violation record. This release shall remain in full force and effect until formal withdrawal is filed by me.

Signature

Date

Driver's License Number

State

- Chauffeur's License (Check One)
- Operator's License
- Commercial License

Date of Birth

Social Security Number

CRESCENT CROWN DISTRIBUTING, LLC

Willingness to Accept Working Conditions

We would like to discuss various conditions or situations that you may encounter if you worked for Crescent Crown Distributing. Based on what you know, are there any conditions that would make it difficult for you to work at the job for which you are applying? Please mark “yes” or “no” to the following conditions or situations:

- | | | | |
|-----|--|----------------------------|----------------------------|
| 1. | Would you have any problems working more than 40 hours per week? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. | Would you have any problems working on holidays or weekends?
If so, please explain. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 3. | Many of our jobs require working in a very hot and humid environment.
Would this present any problems for you? If so, please explain. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 4. | Many of our jobs require wearing safety equipment such as back support
and steel-toed shoes. Would this cause any difficulties for you? If so, please
explain. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 5. | Many of our jobs require frequent bending, reaching or heavy lifting (e.g. 60 lbs.)
Would this present any problems for you? If so, please explain. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 6. | Many of our jobs require starting work at 5:30 am and working until all required
activities are completed. Would this cause any difficulties for you?
If so, please explain. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 7. | Our jobs require being accountable for large amounts of money. Would this
present any difficulties for you? If so, please explain. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 8. | Many of our jobs require making deliveries or working high crime areas. Would
this present any problems for you? If so, please explain. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 9. | Would you have any difficulties unloading delivery trucks by hand? If so, please
explain. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 10. | Based on our discussion of these working conditions, are you still interested in
applying for the job? | <input type="checkbox"/> Y | <input type="checkbox"/> N |

Should the applicant express objections to any of the above areas, each interviewer should note the nature of the objection in the space below.

Objections to Working Conditions:

CRESCENT CROWN DISTRIBUTING, LLC

Candidate Referral Form

Were you referred to us by a current Crescent Crown Distributing employee? If so, please complete the following:

Your Name: _____

Position Applied For: _____

Location: _____

Referring Employee's Name: _____
(One Name Only)

Application Date: _____

**RECHECK THIS APPLICATION AND READ THIS STATEMENT
CAREFULLY BEFORE SIGNING BELOW**

I authorize the Company to investigate all statements contained in this application. I understand that falsification of information contained herein will result in cancellation of this application and, if already employed, shall be sufficient reason for dismissal. I hereby release anyone supplying information to the Company, (including but not limited to prior employers) in the course of its investigation of this application, from any liability whatsoever.

If offered employment by the Company, I agree to conform to all rules and regulations of the Company, which I recognize may be changed without prior notice. I hereby consent to the inspection, at any time by Company officials of any property in my possession on Company premises, and consent to submit to any physical tests upon the requests of a Company official, at Company expense, to reveal the presence of alcohol or drugs in my system (or upon failure to submit to any such test to be terminated immediately). The Company does conduct random drug tests periodically on all employees.

I understand that if I am accepted for employment by the Company, my employment will not result in or be subject to a contract of employment. I recognize and agree, notwithstanding any provision in the Company's Personnel Policies, that the Company may terminate my employment at any time, with or without notice, with or without cause, at its option and that I may resign my employment at any time, with or without notice, with or without cause, at my option. I further understand that no supervisor or other official of the Company, (except its Chief Officers, in writing) has any authority to enter into any agreement with me for employment, for any specified period of time, or to make any agreement contrary to the foregoing.

Printed Name

Applicant Signature