

DELIVERY & WAREHOUSE EMPLOYMENT APPLICATION



2430 Queen City Drive - Charlotte, NC 28208
Phone: 704-391-6000 - Fax: 704-391-6038

AN EQUAL OPPORTUNITY EMPLOYER

This organization participates in E-Verify.

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, veteran status or genetic information. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on job-related factors.

Applicants are required to answer each and every question accurately and completely. Applications which are incomplete or missing responses will not be considered.

Last Name	First	Middle	Application Date
Address			Home Phone: _____
City	State	Zip Code	Alternate/ Cell Phone: _____
Will you be available to work full time? <input type="checkbox"/> Yes <input type="checkbox"/> No			Position Desired
Will you work overtime if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Pay Required
Will you be available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date available to start work?

Are you 18 years or older? Yes No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Do you have a valid Driver's License? Yes No If yes, please list issuing state. _____

Are you DOT certified? Yes No

Have you ever applied for employment with us before? Yes No

If yes, list month and year of application. _____

Have you ever worked for our company before? Yes No

If yes, list position and dates of employment. _____

Do you have any family members or friends that work for our company? Yes No

If yes, please give name(s). _____

EDUCATION

School	School Name and Location	Number of Years Completed	Did you graduate?	Degree, Diploma or Certificate
High School				
College				
Business/ Trade/ Technical				

Which location(s) would you be willing to work at?

<u>Charlotte Metropolitan Area</u> <input type="checkbox"/> Charlotte Warehouse	<u>Additional North Carolina Locations</u> <input type="checkbox"/> Morganton Warehouse <input type="checkbox"/> Salisbury Warehouse
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EMPLOYMENT HISTORY

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Please list any employers you would not like us to contact and give reason. _____

Are you now or do you ever expect to be engaged in any other full-time or part-time employment that would continue if you become employed by Queen City? Yes No If yes, please explain. _____

Please list the three most recent and previous employers (starting with your present or most recent employer). List all employers, no matter how short the duration of employment. Account for all periods of time including military service and any periods of unemployment. If self-employed give name and supply business reference.

Company Name	Employed (Month and Year) From _____ To _____
Job Title and Description of Duties _____	Reason For Leaving _____
Name of Supervisor	Phone Number
Address _____ City _____ State _____ Zip Code _____	Weekly Pay Start _____ Last _____

Company Name	Employed (Month and Year) From _____ To _____
Job Title and Description of Duties _____	Reason For Leaving _____
Name of Supervisor	Phone Number
Address _____ City _____ State _____ Zip Code _____	Weekly Pay Start _____ Last _____

Company Name	Employed (Month and Year) From _____ To _____
Job Title and Description of Duties _____	Reason For Leaving _____
Name of Supervisor	Phone Number
Address _____ City _____ State _____ Zip Code _____	Weekly Pay Start _____ Last _____

Did you serve in the US Armed Forces? Yes No
 If yes, in which branch did you serve? _____ Dates of Service? _____
 If yes, what was the characterization of discharge? _____

Please list any relevant experience, special training or skills that you have, which may relate to the job for which you are applying.

What kind of experience do you have with televisions, electronics and/or home appliance installation? _____

Do you have any professional driving experience? Yes No If yes, please list the companies for which you drove professionally.

What types of vehicles have you driven in the past? _____

Are you Forklift Certified? Yes No If yes, please list the types of forklifts you have operated. _____

Are you able to lift heavy objects (up to 150 lbs. or more) throughout the day? Yes No

Have you had three or more speeding tickets in the last three years? Yes No

Have you had two or more accidents in the last three years? Yes No

Has your driver's license ever been revoked or suspended? Yes No

If yes, please give date of suspension/revocation and explain. _____

Have you ever been discharged or resigned in lieu of termination or been forced to resign with any prior employer? Yes No

If yes, please explain. _____

In the last 10 years of employment, have you ever received a reprimand, warning or counseling concerning your conduct or performance in the workplace? Yes No If yes, please explain. _____

In the last 10 years, have you received a performance appraisal or job evaluation rating which was below average or satisfactory? Yes No

If yes, please explain. _____

Have you ever been convicted of any law violation? Do not include sealed or expunged convictions. Yes No If yes, please describe.

(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application and any other material provided by me is true and complete. I understand that any false information, omission or misrepresentation on this application or any other materials provided by me may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I hereby release Queen City Television Service Co., Inc. ("Queen City"), its officials, representatives and assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required.

NEITHER THE ACCEPTANCE OF THIS APPLICATION NOR THE SUBSEQUENT ENTRY INTO EITHER A TEMPORARY, PART-TIME, FULL-TIME, OR ANY OTHER TYPE OF EMPLOYMENT RELATIONSHIP, REGARDLESS OF THE CONTENTS OF EMPLOYEE HANDBOOKS, PERSONNEL MANUALS, BENEFIT PLANS, POLICY STATEMENTS, AND THE LIKE, AS THEY MAY EXIST FROM TIME TO TIME, OR OTHER CUSTOMARY PRACTICES OR USAGES, SHALL SERVE TO CREATE AN IMPLIED OR ACTUAL CONTRACT OF EMPLOYMENT OR CONFER ANY RIGHT TO REMAIN AN EMPLOYEE OF QUEEN CITY OR OTHERWISE CHANGE IN ANY RESPECT THE EMPLOYMENT-AT-WILL RELATIONSHIP BETWEEN THE COMPANY AND THE UNDERSIGNED. THAT RELATIONSHIP CANNOT BE ALTERED EXCEPT BY A WRITTEN INSTRUMENT SIGNED BY THE PRESIDENT OF THE COMPANY. BOTH THE UNDERSIGNED AND QUEEN CITY MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, IN ACCORDANCE WITH ALL APPLICABLE STATE AND FEDERAL LAWS, WITHOUT SPECIFIED NOTICE OR REASON, AND WITHOUT LIABILITY BY QUEEN CITY TO THE UNDERSIGNED, EXCEPT FOR EARNED WAGES OR SALARY.

I have read, understand, and by my signature, consent to these statements. I further certify that this application was completed by me personally and every statement herein is true.

Signature: _____ Date: _____

CONSUMER REPORTS RELEASE

In connection with my application for: a) employment (including contract for services), or b) residency, I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency contacted to furnish the above-mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

(Name)

Last: _____ First: _____

Middle: _____ Other Names Maiden, Aliases, etc. _____

Date of Birth: Month: _____ Day: _____ Year: _____ Race: _____ Gender: _____

Social Security #: _____ - _____ - _____ Drivers License #: _____ State: _____

LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:

- | | <u>Street</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | <u>Dates (MM/YEAR)</u> |
|----|---------------|-------------|--------------|------------|------------------------|
| 1. | _____ | _____ | _____ | _____ | From: _____ To: _____ |
| 2. | _____ | _____ | _____ | _____ | From: _____ To: _____ |
| 3. | _____ | _____ | _____ | _____ | From: _____ To: _____ |
| 4. | _____ | _____ | _____ | _____ | From: _____ To: _____ |
| 5. | _____ | _____ | _____ | _____ | From: _____ To: _____ |

Signature _____ **Date:** _____

MOTOR VEHICLE REPORT DISCLOSURE & AUTHORIZATION FORM

In connection with your employment or application for employment or authorization to drive a company vehicle with Queen City Audio, Video & Appliances, we may seek to obtain a motor vehicle report, or motor vehicle record. Please sign below to provide us your authorization to procure such a report.

AUTHORIZATION

I authorize Queen City Audio, Video & Appliances to obtain a motor vehicle report in connection with my employment or application for employment or authorization to drive a company vehicle.

Signature of Applicant or Employee: _____

Date: _____

Note: We will automatically provide to you a copy of your motor vehicle report if adverse employment action is taken against you in whole or in part because of what is contained in your motor vehicle report. In addition, you have the right to request directly from the reporting agency a complete disclosure of the nature and scope of the motor vehicle report that we have requested.