



—Distributing Co., Inc.—

"Quality Sales and Service Since 1947"

Position Applied For: _____ Date: _____

McQuade Distributing Co., Inc. considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap, disability, status as a Vietnam-era or special disability veteran in accordance with federal law. In addition, McQuade Distributing Co., Inc. complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. McQuade Distributing Co., Inc. also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws. All applications are kept active for 30 days only.

Name: _____ Social Security No.: _____

Current Address: _____ Apt No: _____ City: _____

State: _____ Zip Code: _____ Telephone No.: _____

Do you want to work Full Time Part Time

If part time, specify days and hours _____

Do you have a Class "A" (CDL) Drivers License? _____

Do you have any drivers license violations within the last year? _____

The job you are applying for may require that you lift heavy objects (175 lbs) can you? Yes No

Since McQuade Distributing Co., Inc. is a beer wholesaler you must be 21 years of age or older. Can you fulfill this requirement? Yes No

Date you can start: _____ Salary Desired: _____

Are you willing to work overtime as necessary? Yes No

Have you ever been employed by us? Yes No. I yes, when? _____

Is there anything that would prevent you from performing in a reasonable and safe manner for the activities involved in the position for which you have applied? _____

Have you been convicted of a crime? * Yes No. If yes, state the nature of the offense, when, where and disposition. _____

*A conviction record will not necessarily be a bar to employment. This information will be used for job related purposes and only to the extent permitted by applicable law.

1150 Industrial Drive * P.O. Box 1196 * Bismarck, ND 58502-1196

(701) 223-6850 * FAX (701) 223-6624

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorized upon employment.

Are you authorized to work for all employers in the United States on a full-time basis, or only for your current employer? [] All employers [] Current employer only

State name(s) of any relative(s) in our employ and your relationship to them:

1. _____
2. _____
3. _____

Record of education – Please circle the highest grade completed 8 12 16 16+

Name	City	Dates	Graduate?
High School _____			

College _____			
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Other _____			
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Employment History:

Most recent employer _____ Address _____
From _____ To _____ Supervisor's Name _____
Job Title _____ Salary _____ (hour, week, month)
Job Description _____
Reason for leaving _____
Can we contact this employer? [] Yes [] No

Second recent employer _____ Address _____
From _____ To _____ Supervisor's Name _____
Job Title _____ Salary _____ (hour, week, month)
Job Description _____
Reason for leaving _____

Third recent employer _____ Address _____
From _____ To _____ Supervisor's Name _____
Job Title _____ Salary _____ (hour, week, month)
Job Description _____
Reason for leaving _____

Personal References (excluding relatives)

Name and Occupation _____
Dates known _____ Address _____ Phone No. _____

Name and Occupation _____
Dates known _____ Address _____ Phone No. _____

Military Service Record

Have you ever served in the U.S. Armed Forces? [] Yes [] No. List duties in the Service, including special training that is relevant to the position for which you have applied. _____

Pre-Employment Statement

(Please read carefully and sign the statement below)

1. The information that I have provide on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials or during any interviews can be justification or refusal of employment, or if employed, termination from McQuade Distributing Co., Inc.'s employ.
2. Any offer of employment I may receive from McQuade Distributing Co., Inc. is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any postoffer pre-employment medical examination that the company may require. I hereby consent to having the results of any postoffer pre-employment or post-employment medical exams I may be required to take disclosed to McQuade Distributing Co., Inc.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol and/or drug screening at any time at the discretion of McQuade Distributing Co., Inc.. I hereby consent to having the result of any such alcohol or drug screening results disclosed to McQuade Distributing Co., Inc..
4. In processing my application for employment the company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the President, General Counsel, or Vice President, Human Resources, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the forgoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature _____ Date _____