



Application for Employment

Sonepar USA Confidential

Sonepar USA IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Sonepar USA and its affiliated companies (hereafter referenced as "Sonepar") to provide equal opportunity and facilities access to all employees and applicants for employment in accordance with all applicable equal employment opportunity ("EEO") laws, directives and regulations of federal, state and local governing bodies or agencies thereof. We believe in positive action to continually promote equal opportunity to applicants and to our employees. Sonepar USA and its affiliated companies will not discriminate against any employee or applicant for employment based on race, color, national origin (including ancestry, ethnicity or ethnic origin), religion or creed, sex (including pregnancy), marital status, sexual orientation, age, genetic information, disability status, veteran status, and other characteristics protected by applicable law.

This policy applies to every aspect of employment, including recruitment and recruitment advertising, selection, promotion, transfer, training, rates of pay and other forms of compensation, demotion, disciplinary action, layoff, and termination. Sonepar USA and its affiliated companies make employment decisions, from recruitment, training, and promotion to termination, based solely on job-related requirements and an individual's qualifications.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment thoroughly, even if you have also provided us with a resume. We will review your qualifications and will make every effort to reach a decision as quickly as possible.

Personal Data

Please Print in Dark Ink or Type

BE SURE YOU READ ALL INSTRUCTIONS CAREFULLY, COMPLETE ALL SIX PAGES OF THIS APPLICATION, AND SIGN YOUR NAME ON PAGES 4, 5 AND 6.

Applicant Last Name		First	Middle		
Alias (Nickname)		Present Mailing/Street Address			
City	County	State	Zip Code	Home Phone (Area Code/Number)	Cell Phone (Area Code/Number)
E-mail address			Best Time to contact <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
Drivers License #		State Of Issue		Social Security No. (not required)	

Previous Addresses: Please include previous TEMPORARY AND PERMANENT addresses covering the last seven years.

Street Address	City	State	County	Dates: From	To

- Are you under 18 years of age? Yes No If yes, please indicate work permit (if applicable to your state) _____
- Are you legally authorized to work in the United States? Yes No

Your Job Interests

Type of Work Desired (Please list specific position)	Work Location Desired	Salary Desired \$ Per
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- Are you able to work the following:
- a. Shift work? Yes No
 - b. Overtime work? Yes No
 - c. A rotational work schedule? Yes No
 - d. A work schedule that includes Saturday and Sunday? Yes No
 - e. Can you travel, if necessary? Yes No
 - f. Can you relocate, if required? Yes No
- Are you currently employed? Yes No

On what date would you be available to begin work? _____

Please check box(es) indicating the type of employment status for which you are applying: Full-Time Part-Time Part-Time Seasonal

Can you perform the essential functions for the position in which you are applying with or without reasonable accommodation? Yes No If no, provide additional detail _____

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Education and Training *Please complete all appropriate items, even if you have already provided us with a resume.*

Type of School	Complete Name and Address of School	No. of Years Completion	Major and Minor Fields of Study	Graduated		Type of Diploma, Degree or Certificate	Academic Standing Grade Point Average Overall GPA out of - Total (e.g. 3.2/4.0); Only if graduated within last 2 years
				Yes	No		
High School or Equivalency Diploma							
All Vocational Schools, Technical Institutes, Community and Junior Colleges							
All Other Colleges Or Universities							
Other Training / Certifications / Awards							
Including any information regarding prior military service (branch, rank, and/or special training)							

Please list any professional affiliations/organizations. (You may exclude all information indicative of age, sex, race, religion, color, national origin, and disability.)

- Please include any other job related information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, voluntary work experience, etc. (if additional space is needed, attach an extra sheet).

List any friends or relatives working for us.

Name _____ Relationship _____ Work Location _____

Name _____ Relationship _____ Work Location _____

How did you hear about Sonepar USA and/or its affiliated companies? Military recruiting Direct recruit Company website Campus career fair Job fair

Monster Internet / list site social media Newspaper Walk- In

Employee Referral, who _____ Supplier Referral, who _____ Other _____

List three professional references:

	Full Name	Relationship	Complete Address	Telephone No.	Occupation
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Employment Experience *Please complete all appropriate items, even if you have already provided us with a resume.*

Please list your job history for the past seven years or last five employers, starting with your current or most recent position. Include any periods in which you were not employed and explain what you were doing during that time. Include U. S. military experience (show rank/rate at discharge), summer/part-time jobs, internships, and cooperative education assignments. Indicate whether in any previous job you worked on Sonepar USA premises.

(1)

Current Employer Name		Street Address		City	County	State	Zip Code
Employer Telephone (Area Code/Number)		Starting Base Salary per	Final Base Salary per	Starting Position Title	Current Position Title		
Starting Date	Leaving Date	\$ _____	\$ _____	Name of Current Supervisor			
Mo. Yr.	Mo. Yr.	\$ _____	\$ _____	Supervisor's Position Title	Supervisor's Phone Number		

Include any bonus, commission, and other compensation to include items such as auto-allowance, etc.

May we contact your present employer now? Yes No If no, when? _____

Explain reason for leaving: _____

Please describe your responsibilities and/or accomplishments: _____

What did you like most and least: _____

(2)

Employer Name		Street Address		City	County	State	Zip Code
Employer Telephone (Area Code/Number)		Starting Base Salary per	Final Base Salary per	Starting Position Title	Ending Position Title (if different)		
Starting Date	Leaving Date	\$ _____	\$ _____	Name of Supervisor			
Mo. Yr.	Mo. Yr.	\$ _____	\$ _____	Supervisor's Position Title	Supervisor's Phone Number		

Include any bonus, commission, and other compensation to include items such as auto-allowance, etc.

Explain reason for leaving: _____

Please describe your responsibilities and/or accomplishments: _____

What did you like most and least: _____

(3)

Employer Name		Street Address		City	County	State	Zip Code
Employer Telephone (Area Code/Number)		Starting Base Salary per	Final Base Salary per	Starting Position Title	Ending Position Title (if different)		
Starting Date	Leaving Date	\$ _____	\$ _____	Name of Supervisor			
Mo. Yr.	Mo. Yr.	\$ _____	\$ _____	Supervisor's Position Title	Supervisor's Phone Number		

Include any bonus, commission, and other compensation to include items such as auto-allowance, etc.

Explain reason for leaving: _____

Please describe your responsibilities and/or accomplishments: _____

What did you like most and least: _____

(4)

Employer Name		Street Address		City	County	State	Zip Code
Employer Telephone (Area Code/Number)		Starting Base Salary per	Final Base Salary per	Starting Position Title	Ending Position Title (if different)		
Starting Date	Leaving Date	\$ _____	\$ _____	Name of Supervisor			
Mo. Yr.	Mo. Yr.	\$ _____	\$ _____	Supervisor's Position Title	Supervisor's Phone Number		

Include any bonus, commission, and other compensation to include items such as auto-allowance, etc.

Explain reason for leaving: _____

Please describe your responsibilities and/or accomplishments: _____

What did you like most and least: _____

(5)

Employer Name		Street Address		City	County	State	Zip Code
Employer Telephone (Area Code/Number)		Starting Base Salary per	Final Base Salary per	Starting Position Title	Ending Position Title (if different)		
Starting Date	Leaving Date	\$ _____	\$ _____	Name of Supervisor			
Mo. Yr.	Mo. Yr.	\$ _____	\$ _____	Supervisor's Position Title	Supervisor's Phone Number		

Include any bonus, commission, and other compensation to include items such as auto-allowance, etc.

Explain reason for leaving: _____

Please describe your responsibilities and/or accomplishments: _____

What did you like most and least: _____

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Applicant Last Name	First	Middle
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Please provide accurate and complete information in response to the following questions (not required of individuals in Massachusetts). This information will be taken into account in the employment process and suitability for a given position, which may include adherence to affiliate and/or customer statutes related to convictions of criminal offenses. Please do not include in response to any of the questions below: arrests without conviction, convictions of minor traffic offenses, or convictions and/or incarcerations for which a record has been sealed or expunged (to include expunged juvenile delinquency, non-guilty judgements or dismissed charges and/or convictions for which the applicant has been pardoned). Any individual whose criminal records have been so expunged will be deemed never to have been arrested. Sonepar USA and its affiliated companies reserve the right to inquire as to the criminal convictions background for job related purposes only. Please note that a criminal record will not necessarily disqualify you from employment; further misdemeanors will be reviewed based upon requirements of job function.

- Have you ever been convicted of or pleaded guilty to a felony, misdemeanor, nolo contendere (no contest) or other offense, to include military service convictions or guilty pleas?
 Yes No If yes, please outline _____

- Any other information that you believe is pertinent to our full understanding of this matter (please include the nature of the charge and where the conviction took place):

General Information / Miscellaneous

- Have you ever applied to Sonepar USA or one of its affiliated companies?
 Yes No Date(s) _____ Sonepar USA Office/Location
 - Have you ever been interviewed by Sonepar USA or one of its affiliated companies?
 Yes No Date(s) _____ Sonepar USA Office/Location
 - Have you ever been employed by Sonepar USA or one of its affiliated companies?
 Yes No Date(s) _____ Sonepar USA Office/Location
- * Please indicate your name at the time(s) if different from current name: _____
- Have you ever been involuntary terminated from any employer? Yes No If yes, provide details _____
 - Are you fluent in a foreign language? Yes No If so, what language(s)? _____

Agreements

- Do you have any commitments to another employer or organization which might affect your employment with Sonepar USA? Yes No
If yes, please explain _____
- Are you subject to any employment agreement, contract, restriction, or other legal obligation that may affect or limit your employment with our organization? For example, do you have any agreement with your former or current employer regarding (1) limitations on your use or disclosure of confidential information, trade secrets, or client information; (2) limitations or restrictions on your ability to recruit or solicit employees, customers, or vendors; or (3) limitations or restrictions on your ability to work for Sonepar USA or competitors of your current/former employer; (4) any non-compete with any organization? Yes No
If you answered yes to any of these questions, please explain and provide copy of said document: _____

(Note: Having such an agreement outlined above will NOT automatically disqualify your employment application and will not necessarily prohibit you from working in a given job.)

Please read carefully before signing below: Your signature below reflects your understanding that any misrepresentation or deliberate omission of a fact on this page or application will justify terminating consideration of your application for employment, or if employed, terminating your employment.

Signature of Applicant	Date
Print Name	

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Please read the following statements carefully, as they represent matters of importance to both you and Sonepar USA and its affiliated companies in connection with this application for employment.

1. I hereby state that the information given by me in this application is true in all respects. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information relating to my work record, my work habits, and my work performance while in their employ. This application is only valid for 45 days and to be considered for employment thereafter will need to complete application again.

2. The Fair Credit Reporting Act

The Fair Credit Reporting Act of 1970 ("FCRA") governs the use of consumer reports in all employment decisions. 15 U.S.C. §§ 1681 et. seq. (as amended by The Consumer Credit Reform Act of 1996). The FCRA requires employers seeking credit checks or reports to comply with the following:

A. Disclosure and Authorization

An employer may obtain a consumer report only if (1) the applicant or employee is given a clear and conspicuous written disclosure notifying him or her that the consumer report may be obtained, and (2) the employer obtains written authorization from the applicant or employee. 15 U.S.C. § 1681b (b)(2).

B. Notice Regarding Adverse Action

An employer intending to take adverse action based wholly or in part on information contained in consumer report must first provide the applicant or employee with a copy of the report, along with a written description of his or her rights under the statute (including the right to request disclosure of the nature, sources, and recipients of any credit report). 15 U.S.C. § 1681b(b)(3). "Adverse action" includes the "denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee". Id.

Moreover, whenever any adverse action is taken against an applicant or employee, either partly or wholly because of information contained in a consumer report, the employer must provide the applicant or employee with oral, written, or electronic notice of the adverse action as well as the name, address, and phone number of the consumer reporting agency that furnished the report, and a statement that the consumer reporting agency did not make the decision to take the adverse action and is unable to explain the specific reasons behind the decision. 15 U.S.C. § 1681m(a). The employer also must notify the applicant or employee of his or her right to dispute the accuracy of the report. Id.

C. Sonepar USA may obtain a consumer report when making hire decisions and/or upon customer requirements

(if applicable) or thereafter if you are hired. You have the right to request additional information directly from the consumer reporting agency regarding the report, including the nature and scope of the information provided to Sonepar USA.

Please check the following box to receive a copy of the consumer report.

Yes, I wish to receive a copy of any consumer report requested by Sonepar USA in connection with my potential or actual employment.

3. For applicants within the State of New York, I hereby acknowledge receiving a copy of Article 23-A of the New York Correction Law which sets forth conditions and limitations regarding the use of criminal background checks and my rights regarding such investigations.

4. I understand and agree that any employee handbook that I may receive will not constitute an employment contract, but will be merely a gratuitous statement of Sonepar USA and/or its affiliated companies current policies. If hired I will review this document and comply with all said policies. I further understand the employer complies with all State Workers Compensation laws, if applicable.

5. I understand that Sonepar USA reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of any facility and/or property of Sonepar USA and/or its affiliated companies. I understand that refusal to submit to a urinalysis, breathalyzer, blood test, or search, when requested to do so, may result in termination of my employment. I understand Sonepar USA and all affiliated companies are a drug/alcohol free workplace.

6. I understand and agree that if I am offered employment by Sonepar USA, my employment will be for no definite term and that I am an employee at will, and that either I, or Sonepar USA, will have the right to terminate the employment relationship at any time, with or without reason or cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment that is specific as to all material terms and is signed by me and the President of Sonepar USA and/or its affiliated companies.

7. I understand and agree that if I am offered employment by Sonepar USA, I may be required to perform the following as conditions of my employment: (a) Background check (b) Submit to and satisfactorily complete a post-offer/pre-employment drug and/or alcohol screen; (c) Provide proof of my legal authorization to work in the United States; and (d) Sign Sonepar USA's standard "Non-Disclosure Agreement" and any other restrictive covenants that Sonepar USA from time to time may adopt.

Signature of Applicant	Date
Print Name	

If you have any concerns regarding the employment consideration you receive from Sonepar USA or any of its affiliated companies, you are welcome to correspond with the Human Resources Department or the Manager at the Sonepar USA facility where you were considered.

Sonepar USA

Notice and Authorization to Release Information

By this document, Sonepar USA discloses to you that a consumer report will be obtained for employment purposes as part of a pre-employment background investigation or at any time during your employment. Please be advised that we may deny you employment or take employment action based on the information contained in your consumer report. To the extent that we do so, we will provide you with a copy of the report and a description of your rights under the law.

By this document, I hereby agree to permit the company and its approved agents to conduct a background check in accord with the criteria of the position for which I am applying and consent to a MVR (Motor Vehicle Report) should my applied position require that I drive a company vehicle or should I be in a position of outside sales and/or management. I agree to a MVR should I be in a position where I may receive an auto allowance under Sonepar USA's Auto Allowance program. Furthermore, I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to release such information without restriction or qualifications during the company's standard background check process.

By this document, I hereby agree to comply with Sonepar USA policies and consent to provide my employer with a sample of my urine for purposes of pre-employment, random, reasonable cause and post-accident drug testing. Furthermore, I agree to provide a breath, blood, and/or urinalysis sample upon my employer's request for purposes of alcohol level testing. Furthermore, I authorize Sonepar USA's 3rd party vendor for drug testing to release all test results to Sonepar USA and any outside agency deemed necessary. I hereby release Sonepar USA, and/or its affiliated companies, and their 3rd party drug testing vendor and MRO (Medical Review Officer), their agents, employees and assigns from any and all claims, actions, suits, agreements, or liabilities arising from the release of said information to the above parties.

In consideration of my employment by Sonepar USA and my recompense for that employment, I hereby authorize Sonepar USA and/or the agents of and for Sonepar USA to use, display, publish, modify and otherwise treat or deal with any photographs, video and/or electronic images taken of me at the behest of Sonepar USA during my employment and any and all prints, copies, enlargement and other treatments thereof, thereby conveying to the employing corporation all property rights and privileges in connection therewith.

PLEASE MAKE SURE YOU HAVE COMPLETED PAGES 1 THROUGH 6, HAVE SIGNED IN ALL THE APPROPRIATE SPACES, AND RETURNED TO SONEPAR USA OR AFFILIATED COMPANY LOCATION OR FAXED TO APPLICABLE HUMAN RESOURCES DEPARTMENT.

Date

Applicant Signature

Print Applicant Name