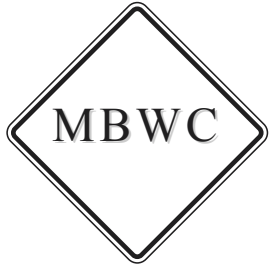




# MICHIGAN BEVERAGE WHOLESALE CONSORTIUM

## Employee Information Form



DISTRIBUTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

COMPLETED BY (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**DIRECTIONS:** Please complete this form for each location where you employ CDL's. Please provide all requested information. Type or print clearly.

Please complete this form to:

- 1) Enroll all CDL'd employees in consortium pool for random testing. Indicate "A" in change code field to add employee.
- 2) Delete enrollment in pool. Indicate "D" in change code field for permanent termination; "L" for laid-off; (include last day worked).
- 3) Re-enroll a laid-off employee. Indicate "R" in change code field.
- 4) Change employee info; i.e. name change. Indicate "C" in change code field.

Employee Name (Last, First)	Social Security Number	Drivers License #	Date of Birth	CDL Expires (Year)	Date of Last DOT Physical (indicate if waiver or grandfathered)	Date of Last Motor Vehicle Record Review	Change Code	Date of Change
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

***Please remember...***

- Changes that reach MBWC by the 25th of the month will be reflected on your next invoice.
- No additional fee charged nor credit given for employees added or deleted mid-month.
- Questions - call Melissa Marciniak at 517/482-5555 ext. 210.
- Return by e-mail to mmarciniak@mbwwa.org or FAX: (keep transmittal receipt) **MBWC**,  
332 Townsend, Lansing, MI 48933 - FAX 517/482-1532

***For MBWC Use Only***

Date Rec'd: \_\_\_\_\_  
 Date Ent'd: \_\_\_\_\_  
 Manual: \_\_\_\_\_  
 Site I.D.: \_\_\_\_\_