



APPLICATION FOR EMPLOYMENT

Please complete all sections.

You may attach a resume to include additional information.

GENERAL INFORMATION

Please Print

Date of Application (m/d/yyyy)		
Name (Last, First, Middle)		Social Security Number
Street Address	City	State & ZIP
Telephone Number	Message Number	E-Mail Address
Position Applied For		Salary Requirements \$
Date Available for Work	Employment Interest <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time: Number of Hours Available _____	
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work overtime if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No

If under 18 years of age, can you provide required proof of your eligibility to work? Yes No N/A

Can you provide required proof of your eligibility to work in the United States? Yes No

Have you ever applied for employment with us before? Yes No If yes, when? _____

Have you ever been employed with us or any subsidiary before? Yes No

If yes, when? _____ Position? _____ Supervisor? _____

Do you have friends or relatives currently working with us? Yes No

If yes, who? _____ Relationship: _____

Have you ever been convicted of a crime (excluding any sealed or expunged convictions)? Yes No

(NOTE: Conviction for a criminal offense will not necessarily disqualify an applicant from employment)

If yes, please state the nature of the offense(s), date(s), city, state, and disposition: _____

How many days were you absent from work during the past year? _____

Have you ever been dismissed from employment, forced to resign, or resigned to avoid termination?

Yes No If yes, please explain: _____

AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

Please advise us of any reasonable accommodation you will need in completing our application process.

EMPLOYMENT EXPERIENCE

List your previous employers below, beginning with your current or most recent position. This section must be completed even if your resume has been included. Please answer all questions. Attach additional pages if necessary to list all additional employers.

Employer		Dates		Work Performed
		From	To	
Street Address				
City	State	Zip	Compensation	
		Starting	Final	
Telephone #	Supervisor			
Positions/Titles				
Reason for Leaving				May we contact this employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		Dates		Work Performed
		From	To	
Street Address				
City	State	Zip	Compensation	
		Starting	Final	
Telephone #	Supervisor			
Positions/Titles				
Reason for Leaving				May we contact this employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		Dates		Work Performed
		From	To	
Street Address				
City	State	Zip	Compensation	
		Starting	Final	
Telephone #	Supervisor			
Positions/Titles				
Reason for Leaving				May we contact this employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please state all intervals of unemployment, if any:

From (Mo./Yr.): _____ To (Mo./Yr.): _____ Reason: _____

From (Mo./Yr.): _____ To (Mo./Yr.): _____ Reason: _____

Have you received any written reprimands or disciplinary suspensions during your previous employment?

Yes No If yes, please explain: _____

EDUCATION AND TRAINING

Please list all schools and special training programs attended and/or completed.

Name of School	City and State	Course of Study	Years Complete	Diploma Degree
High School				
Community College				
Trade/Technical School				
College/University				
Graduate Studies				
Other (Specify)				

SPECIAL SKILLS

Computer Skills	Proficiency Level	Office Equipment	Proficiency Level
Hardware:			
Software:			

Do you have any other training, experience, skills, or qualifications that you feel make you especially qualified for work with us? If so, explain in detail below.

PROFESSIONAL DESIGNATIONS

Professional Certifications, Licenses, Designations	Issued By	Current/Active?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

DISCLOSURE STATEMENT

Please Read Carefully

The Distribution Point (the "Company") is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, citizenship status, veteran status, age, or disability if otherwise qualified with or without reasonable accommodation. This application will be given every consideration, but its acceptance by us does not imply that you will be employed.

In processing this application, we may request that an investigative consumer report be prepared, which may include information as to your character, general reputation, credit history, law enforcement record, and personal characteristics. If a decision is made to deny employment based in whole or in part on information contained in such a consumer report, you will be so advised by us under provisions of the Fair Credit Reporting Act. You will also be provided the name, address and telephone number of the agency providing the investigative consumer report.

APPLICATION ACKNOWLEDGEMENT

I certify that all of the information given by me on this employment application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that any false, incomplete or misleading information or consequential omissions of any kind on this application or supplemental forms are sufficient cause for rejection of my application or my dismissal if I am hired.

I hereby authorize the Company and its agents to investigate all statements contained in this application and to interview the references and previous employers listed in this application. I authorize all such references and previous employers to provide the Company all facts, opinions and evaluations concerning my previous employment and education, along with any other information they may have, personal or otherwise, and I release all such parties from all liability whatsoever which may allegedly arise from furnishing such information to the Company, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer may be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including a drug screen test. I understand that my initial and continued employment is conditioned upon my being able to satisfactorily perform the essential functions of the job in which I am placed, with or without reasonable accommodation, according to the standards set by the Company. I further agree that my initial and continued employment is contingent upon my undergoing drug and/or alcohol tests whenever requested by the Company and that the results of such tests must be satisfactory to the Company. I understand that my refusal to take such an examination at any time will subject me to termination.

I understand that employment with the Company is at-will, for no definite period of time, and that employment and compensation may be terminated, with or without cause or notice, at any time, at the option of the Company or myself. I understand that only the Company President has the authority to alter the "at-will" employment relationship to establish a contract of employment with me for any definite period of time, and that any such contract must be in writing, clearly labeled and designated as an "Employment Contract", and signed by both parties. I agree and fully understand that participation in any benefit programs offered by the Company does not create a contract of employment, nor does any employee handbook or other statements of the Company policy, and such should not be construed as a contract.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

Any offer of employment is contingent upon you entering into the Company's Mandatory Dispute Resolution Policy and Confidentiality Policy at the time of orientation. If you wish to learn the details of this Policy prior to that time you may make a request to the Human Resource Department.

I certify by my signature below, that I have read, understand and agree with the above.

Applicant Signature

Date