

# APPLICATION FOR EMPLOYMENT - AN EQUAL EMPLOYMENT OPPORTUNITY



*Your Wholesale Distributor  
of Computer Supplies*

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street
City
State
Zip

Telephone number \_\_\_\_\_ Are you over 18 years old?  Yes  No

Are you authorized to work in the U.S. on an unrestricted basis?  Yes  No

How did you learn of this opening? \_\_\_\_\_

Have you worked here before?  Yes  No

Are you Employed Now?  Yes  No If Yes, May We Inquire of Your Present Employer?  Yes  No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?  Yes  No

Can you perform the essential functions of the job?  Yes  No

Are there any hours, shifts or days you cannot or will not work?

Shift preferred \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_

Are you willing to work overtime as required?  Yes  No

Have you ever been convicted of a felony in the last 7 years?  Yes  No

(Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

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EDUCATION	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	MAJOR	DIPLOMA/ DEGREE
High School				
College/Univ.				
College/Univ.				
Other Training/Education				

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company?

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POSITIONS APPLIED FOR 1. \_\_\_\_\_ 2. \_\_\_\_\_

Wage or salary desired? \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

**WORK HISTORY**

May we contact your present employer?  Yes  No

<b>MOST RECENT EMPLOYER</b>		<b>Address</b>	<b>Telephone</b>
<b>Date Started</b>	<b>Starting Salary:</b> \$ _____ <b>Per</b>	<b>Starting Position</b>	
<b>Date Left</b>	<b>Salary on Leaving:</b> \$ _____ <b>Per</b>	<b>Position on Leaving</b>	
<b>Description of Duties</b>		<b>Reason for Leaving</b>	
<b>Name and Title of Supervisor</b>			
<b>PREVIOUS EMPLOYER</b>		<b>Address</b>	<b>Telephone</b>
<b>Date Started</b>	<b>Starting Salary:</b> \$ _____ <b>Per</b>	<b>Starting Position</b>	
<b>Date Left</b>	<b>Salary on Leaving:</b> \$ _____ <b>Per</b>	<b>Position on Leaving</b>	
<b>Description of Duties</b>		<b>Reason for Leaving</b>	
<b>Name and Title of Supervisor</b>			
<b>PREVIOUS EMPLOYER</b>		<b>Address</b>	<b>Telephone</b>
<b>Date Started</b>	<b>Starting Salary:</b> \$ _____ <b>Per</b>	<b>Starting Position</b>	
<b>Date Left</b>	<b>Salary on Leaving:</b> \$ _____ <b>Per</b>	<b>Position on Leaving</b>	
<b>Description of Duties</b>		<b>Reason for Leaving</b>	
<b>Name and Title of Supervisor</b>			

**REFERENCES:** List below 3 business references (unrelated), whom you have known at least 1 year.

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Phone (W)(H): \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Phone (W)(H): \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Phone (W)(H): \_\_\_\_\_ Years Known: \_\_\_\_\_

**APPLICANT’S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application and release the Company from any liability.

I understand and agree that I may be required to take one or more: \_\_\_ Physical Examination; \_\_\_ Drug Test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

I understand that employment at this Company is “at-will,” which means that either the Company or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president in a signed writing has any authority to alter the foregoing.

**Date:** \_\_\_\_\_ **Applicant’s Signature** \_\_\_\_\_