EMPLOYMENT APPLICATION

Equal Employment Employer

APPLICANT NAME: _____ DATE: _____

Please print

Thanks for your interest in working for us!

Please review these important features of our hiring process:

1. We accept applications at all times only from persons with specific recent experience in certain specialties in our industry. See recruiter for details.
2. Other applications are only accepted if a current vacancy exists.
3. You may be asked to review information about our mission, our high standards for employees and specific job requirements, and certify your understanding, before applying.
4. Your application is active only for 60 days.
   (or until the current hiring process closes, whichever is later).
   To be considered for openings after that, an updated application will be required.
5. We conduct background checks, drug testing, job related testing, and team interviews to learn about you and your abilities before any hiring decisions are made.
6. Hiring is a two way process – We encourage you to ask questions and will do our best to answer them.
7. Due to the number of applicants we often have, we cannot notify each and every applicant not selected. Only those selected for further interview will be called.
8. Sometimes internal candidates are being considered along with outside applicants.
9. All job offers are contingent on passing our fitness for duty assessment.
   Job offers are not final until confirmed in writing.
10. Our employees deserve the best co-workers possible. Therefore we reserve the right to hire the best qualified person for the job.

PLEASE INITIAL THIS AFTER READING ABOVE _____

INLAND EMPIRE DISTRIBUTION SYSTEMS

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants considered regardless of race, religion, color, age sex, marital status, nationality, veteran status or non-disqualifying disability.

INSTRUCTIONS – PLEASE READ

This is a general employment application required for all jobs. If a job vacancy exists, you may also be asked to complete a more detailed survey of your qualifications as they relate to a specific job in our company. Please print or write clearly, do not type. Answer all items, even if you have a resume. Check over your final application for accuracy, especially important numbers like Social Security number, phone numbers, etc. Please sign & date the application where indicated. If you need another form or have questions, please feel free to ask.

Today's Date			
Last Name	**First Name**	**Initial**	**Social Security Number**
Present Street Address	**City**	**State**	**Zip**
Previous Address if at present address less than 3 years	**City**	**State**	**Zip**
Home Telephone Number	**Message Phone**	**Emergency Contact Person**	**Emergency Phone**
Are you at least 18 years of age?	**If under 18, do you have a work permit?**	**Can you provide proof that you can be lawfully employed in the U.S.?**	**Are you a user of tobacco products?**
Have you applied for work here before?	**If yes, when?**	**Have you worked for this company before?**	**If yes, when and in what job?**
Do any of your relatives or persons of your same household work here? If yes, please give their names.			
Have you ever been convicted of a criminal offense? If yes, please explain. (Washington's Supreme Court allows this inquiry)		**Other names you have used and dates.**	

Position Applied For:	**Have you done this kind of work before? If yes, where?**	**Date you are available to start**
List other jobs you believe you may be qualified for:		
How were you referred to us? ☐ Newspaper ☐ Employee Referral (name)_____ ☐ School (name)_____ ☐ Walk-In ☐ Agency (name)_____ ☐ Other (explain)_____		
Your preferred Schedule: ☐ Full Time ☐ Temp./ Seasonal ☐ Part Time ☐ On Call	**What week days and hours are best for you?**	**What would be your second choice?**
Check if you are willing to accept regular work on: ☐ Full Time? ☐ Temp. / Seasonal? ☐ Day Shift? ☐ Night Shift? ☐ Weekends? ☐ Part Time? ☐ On Call? ☐ Evening Shift? ☐ Variable Shifts?		**Can you stay late on short notice if required?**
Any prior commitments which would require absence Of more than a few hours in the next 12 months? ☐ Yes ☐ No	**If yes, please explain:**	
Are you now, or do you expect to be engaged in any other business or employment? ☐ Yes ☐ No	**If yes, please explain:**	
List any certificates or licenses you hold related to your qualifications for the work you seek:		**Are you willing to relocate?**

EDUCATION

	School Name & Full Address	Attended Dates:		Graduated?	Degree & Major Area	GPA
High School		*From:*	*To:*			
College/Univ.						
College/Univ.						
Trade, Other						

Are you currently a student? **If yes, Explain:**	**Scholastic honors achieved:**
Outside activities while in school which you feel reflect your abilities:	
Plans for future education/training:	

WORK HISTORY – Start with PRESENT or most recent employer. Include MILITARY experience or volunteer work if full time or your major activity.

Name of Organization		**Employment Dates (Month and year)**		**Type of Business or Industry**		
		From	*To*			
Street Address			**City**		**State**	**Zip**
<u>Supervisor Name, Title:</u>	**May we contact?**	**Phone Number**	**Your starting pay** $	**Your ending pay** $	**Employment Status (FT, PT, Contract)**	
Your job title(s), duties, skills used:					**Reason for leaving:**	

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	From	*To*			
Street Address		**City**		**State**	**Zip**
Supervisor Name, Title:	**Phone Number**	**Your starting pay** $	**Your ending pay** $	**Employment Status (FT, PT, Contract)**	
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Street Address		**City**		**State**	**Zip**
Supervisor Name, Title:	**Phone Number**	**Your starting pay** $	**Your ending pay** $	**Employment Status (FT, PT, Contract)**	
Your job title(s), duties, skills used:				**Reason for leaving:**	

WORK HISTORY continued

Name of Organization	Employment Dates (Month and year)		Type of Business or Industry		
	From	*To*			
Street Address		**City**		**State**	**Zip**
Supervisor Name, Title:	**Phone Number**	**Your starting pay**	**Your ending pay**	**Employment Status (FT, PT, Contract)**	
Your job title(s), duties, skills used:				**Reason for leaving:**	

VOLUNTEER ACTIVITIES AND EXPERIENCE

Describe your involvement in volunteer activities which may help assess your abilities.

OTHER SKILLS AND QUALIFICATIONS

Please mention any other skills, qualifications, or experience pertinent to the career you seek. (e.g. – Computers, software, machines, tools, special certifications, etc.)

REFERENCES – Not former employers

Name	Address, City, State, Zip	Phone Number	Occupation

APPLICANT'S STATEMENT:

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal.

I authorize this employer to investigate my background thoroughly, including a full credit report, and agree to assist in such investigation. I release and hold harmless, and promise not to claim damages from any of my prior employers listed above for providing information. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State or Federal law enforcement authorities.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT.

I agree to present personal photo identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids any offer of employment.

I understand that employment may be contingent upon a post-offer physical examination by a medical doctor.

Upon an offer of employment, I authorize the examining doctor, clinic or organization to release to this employer any information requested to assess my ability to perform essential work functions or to assess potential risk of injury to myself or others.

_____ _____

Signature of Applicant Today's Date