

Eagle Distributing Company
An Equal Opportunity Employer
Employment Application

Please Print

Date: _____

Name: _____

Home Telephone: _____ - _____ - _____ Social Security #: _____ - _____ - _____

Present Address: _____
No. Street City State Zip

Permanent Address, if different from present address: _____
No. Street City State Zip

Employment Desired

Position applying for: _____ What days/hours are you available for work? _____

If hired, on what date can you start work? _____ Salary desired: _____

Personal Information

Have you ever applied to or worked for Eagle Distributing Company before? Yes ___ No ___
If yes, when? _____

Do you have any friends or relatives working for Eagle Distributing Company? Yes ___ No ___
If yes, state name(s) and relationship(s): _____

Why are you applying for work at Eagle Distributing Company? _____

If hired, would you have a reliable means of transportation to and from work? Yes ___ No ___

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes ___ No ___

If hired, can you present evidence of your U.S. citizenship to live and work in this country? Yes ___ No ___

Are you able to perform the essential functions of the job for which you are applying? Yes ___ No ___
If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes ___ No ___
If yes, state nature of the crime(s), when and where convicted and disposition of the case(s). _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes ___ No ___
 If so, may we contact your current employer? Yes ___ No ___

How important is this to you personally?

Evaluate each one on a scale of ***0-10 WITH 0 BEING LEAST IMPORTANT AND 10 BEING MOST***

1. Having honesty among the organization's employees..... _____
2. Always telling the truth within the organization..... _____
3. Trusting the employees..... _____
4. Being open and receptive to new ideas..... _____
5. Taking the risk to express your ideas or beliefs even if not everyone agrees with you..... _____
6. Giving recognition where recognition is due..... _____
7. Putting the interests of others first..... _____
8. Taking the time needed to teach others..... _____

Education, Training and Experience

School	Name and Address	# of Years Completed	Did You Graduate?	Degree or Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/ Business			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (Specify)			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes ___ No ___
 If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at Eagle Distributing Company? If so, please explain. _____

Answer the following questions if you are applying for a professional position.

Are you licensed/certified for the job applied for? Yes ___ No ___

Name of license/certification: _____

Issuing State: _____ License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes ___ No ___

If yes, state reason(s), date of revocation or suspension and date of reinstatement. _____

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone Number: (_____) _____ - _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone Number: (_____) _____ - _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Employment History Continued

Name of Employer: _____

Address: _____
 No. Street City State Zip

Type of Business: _____

Telephone Number: (_____) _____ - _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
 No. Street City State Zip

Type of Business: _____

Telephone Number: (_____) _____ - _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Note: Attach additional page(s) if necessary.

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

_____ I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between the company and myself. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time. This can occur with or without prior notice, at the option of either the company or myself, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date _____ Applicant's Signature _____

In hiring and promotion, we shall follow our long established policy of providing equal opportunities to all personnel without regard to race, creed, color, religion, national origin, age, sex, or bona fide disability with respect to personnel decisions and employment conditions.

California is an "at-will" employment state, meaning that you or your employer can terminate the employment relationship at any time. California's Labor Code contains the following provision on at-will employment:

An employment, having no specified term, may be terminated at the will of either party on notice to the other. Employment for a specified term means an employment for a period greater than one month. 1

1. Labor Code Section 2922

Eagle Distributing Company

Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is entirely voluntary. All information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes. It will not become part of your personnel record if you are hired by this company.

Name: _____

Sex: Male Female

Race/Ethnicity: American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 Hispanic
 White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran
 Disabled Veteran
 Individual with a Disability

To be completed by employer:

EEO-1 Category: 1. Officials and managers 6. Crafts - skilled
 2. Professionals 7. Operatives - semi-skilled
 3. Technicians 8. Laborers - unskilled
 4. Sales 9. Service workers
 5. Office and clerical

Employer information completed by:

Name _____ Date _____