



NOTICE TO APPLICANTS
 Screening tests for illegal drug use may be required as a condition of employment.

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national or ethnic origin, age, marital status, military service, disability or medical condition, sexual orientation, or any other non-job-related factor. We value the contributions that the diversity of our applicants can bring.

- Please print or type all answers. Use black ink only.
- Fill in all blocks. Print or type *None* or *NA* if information is not applicable.
- Provide complete answers. If there is insufficient space or a complete answer, use plain paper – print *See Continuation* in the space on this form, and print your name, the applicable section and box number on the continuation page.

Position applied for	Date
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SECTION I: Personal Background

1. Name in Full (Last, First, Middle)				
2. Address	City	State	Zip	Phone Number
3. Are you 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Are you legally eligible for employment in the United States? (Proof required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. (Complete only if driving is a requirement of the job.) Driver's License Number Expires State				

SECTION II: General Information

1. Are you related to any employee of this or a subsidiary company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Name
2. Have you previously been employed by this or a subsidiary company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list dates of employment and location.	
3. Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Education/Co-op		
4. Are you able to meet the attendance requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Will you relocate if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Date Available
7. Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why do you wish to change employment?	

SECTION III: Criminal Convictions

Have you been convicted or found guilty of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give details below.</i>	
CONVICTION DATE	CRIME CONVICTED OF

SECTION IV: Educational Background

List all educational and training institutions attended.					
SCHOOL	NAME & LOCATION	MAJOR COURSE OF STUDY	YEARS COMPLETED	YEAR GRADUATED	DEGREE / DIPLOMA
HIGH					
BUSINESS/ TECHNICAL					
COLLEGE/ UNIVERSITY					
GRADUATE					
OTHER (Specify)					

SECTION V: Residence

List previous place(s) of residence during the last seven years. Start with the most recent first.						
	FROM Month/Year	TO Month/Year	ADDRESS	CITY	STATE	ZIP
A						
B						
C						
D						

SECTION VI: References

List four personal references who are not relatives.				
A	Name	Address	City	State
	Employer	Business Phone No.	Home Phone No.	
B	Name	Address	City	State
	Employer	Business Phone No.	Home Phone No.	
C	Name	Address	City	State
	Employer	Business Phone No.	Home Phone No.	
D	Name	Address	City	State
	Employer	Business Phone No.	Home Phone No.	

SECTION VII: Employment Background

1. Please give complete employment record starting with present or most recent employer. Include military service, periods of self-employment and full-time volunteer activities. Do not use "Refer to Resume."

A	From Month/Year	To Month/Year	Name of Employer	Address
	Position		Duties	Name and Phone No. of Supervisor
	Starting Salary	Ending Salary	Reason for Leaving	Name of Phone No. of Co-Worker
B	From Month/Year	To Month/Year	Name of Employer	Address
	Position		Duties	Name and Phone No. of Supervisor
	Starting Salary	Ending Salary	Reason for Leaving	Name of Phone No. of Co-Worker
C	From Month/Year	To Month/Year	Name of Employer	Address
	Position		Duties	Name and Phone No. of Supervisor
	Starting Salary	Ending Salary	Reason for Leaving	Name of Phone No. of Co-Worker
D	From Month/Year	To Month/Year	Name of Employer	Address
	Position		Duties	Name and Phone No. of Supervisor
	Starting Salary	Ending Salary	Reason for Leaving	Name of Phone No. of Co-Worker
2. If you are presently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Have you ever been discharged or asked to resign by an employer for misconduct or unsatisfactory services? <input type="checkbox"/> Yes <input type="checkbox"/> No			<i>If yes, explain fully</i>	
4. (Complete if job applied for requires driving.) Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			<i>If yes, explain fully</i>	

SECTION VIII: Military

1. Have you service in a military organization of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, branch.</i>	Service Number
2. Highest Rank Held	3. Other period of Active Service Branch:	
4. Describe duties, special training, awards/decorations	5. Type of Discharge	
6. Any current military classification? If yes, explain		

SECTION IX: Miscellaneous

1. <i>(Complete if job required bonding.)</i> Is there any factor not covered by questions in this document which should be brought to the attention of background investigators including criminal convictions or financial judgments? Please explain.
2. Please list any special skills (i.e. languages, typing, PC or office equipment skills, professional registrations) or other experiences that add to your value for this position.
3. Are you able to perform the essential functions of the job with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If you require accommodation, please check here <input type="checkbox"/> and complete a Reasonable Accommodation Request form to accompany this application.</i>

PLEASE READ BEFORE SIGNING

Notice of Investigative Consumer Report. In making this application, I understand that an investigative consumer report may be made by a consumer reporting agency. This report may include information as to my character, general reputation, personal characteristics, and mode of living, whichever applicable. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigative consumer report.

Information From Third Parties. I authorize DET Distributing Co. to request and receive responses and information concerning me in addition to the investigative consumer report. I understand that such responses and information may be obtained from sources which include, but are not limited to, personal (e.g. family members, friends, neighbors, other personal acquaintances), consumer reporting agencies, schools, business/professional organizations/associates, law enforcement authorities, governmental agencies, present and past employers, branches of military service.

I authorize any such parties to furnish DET Distributing Co. with responses and information concerning me, and I release DET Distributing Co. and/or its agents from any and all liability and responsibility arising out of the release, request, receipt, or use of such responses and information.

Applicants currently engaged in competitive businesses are not eligible for employment with DET Distributing Co.; such competitive engagement is sufficient cause for denial of or dismissal of employment.

Truthfulness of Information Furnished. I certify that the information which I have furnished on this application and other documents and interview statements supporting my application are true and complete, and I understand that any misrepresentation will be sufficient cause for my not being employed or for dismissal if employed. I also understand that employment is subject to satisfactory academic and past employment record and, if applicable, a physical examination by a company designated physician may be required to determine ability to perform essential functions of the job, with or without reasonable accommodations, and that I have stated to the best of my knowledge specific accommodations I will require.

Agreement. By submitting this application, I agree that if hired I will conform to the rules and policies of the company, and understand that my employment and compensation will be for an indefinite period of time, and may be terminated with or without cause and with or without notice at any time, at the option of either the company or myself. I understand that no supervisor or representative of the company, other than the president, has the authority to enter into any agreement for employment for any specified period of time, or to make any employment guarantees.

I understand and voluntarily agree that I may be requested by the company to take a physical examination and/or urinalysis drug screen test and that failure to take such a test or unsatisfactory test results will result in disqualification of employment.

If hired, I understand I will be required to serve a ninety-day probationary period.

My signature certifies I have read and understand and will comply with all of the above.	Date
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