



APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with Skeff Distributing Company, Inc.

We are an Equal Opportunity Employer. We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, military status or unfavorable discharge from military service, or any other legally protected status.

Drug tests will be required of all applicants as a requirement of employment. Proof of eligibility to work in the United States is also required.

GENERAL INFORMATION

DATE OF APPLICATION: _____ POSITION OF INTEREST: _____

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

ARE YOU CURRENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO *(Proof of eligibility is required.)*

AVAILABLE TO WORK:

PREFERENCE:

- FULL-TIME ONLY
- PART-TIME ONLY
- FULL- OR PART-TIME
- TEMPORARY/SEASONAL

- DAYTIME WORK
- EVENING WORK
- WEEKEND WORK

DATE AVAILABLE TO START: _____ SALARY EXPECTATION: _____

HOW DID YOU HEAR ABOUT US?

- CURRENT EMPLOYEE
- EMPLOYMENT AGENCY
- ADVERTISEMENT
- COMPANY WEBSITE
- FACEBOOK
- TWITTER
- OTHER

REFERRED BY (IF APPLICABLE): _____

HAVE YOU EVER BEEN EMPLOYED BY SKEFF DISTRIBUTING BEFORE? YES NO

IF SO, WHEN WERE YOU EMPLOYED? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & ADDRESS	# YEARS COMPLETED	COURSE OF STUDY	DEGREE/MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR PROFESSIONAL SCHOOL				
OTHER				

U.S. MILITARY OR NAVAL SERVICE? YES NO BRANCH & RANK: _____

SPECIALIZED SKILLS – Please mark any of the following with which you are experienced.

- | | | |
|---|---|--|
| <input type="checkbox"/> CALCULATOR/TEN KEY | <input type="checkbox"/> FAX MACHINE | <input type="checkbox"/> MICROSOFT OFFICE ACCESS |
| <input type="checkbox"/> MULTI-LINED PHONE SYSTEM | <input type="checkbox"/> MAC-BASED PC | <input type="checkbox"/> MICROSOFT OFFICE POWERPOINT |
| <input type="checkbox"/> VOICEMAIL | <input type="checkbox"/> WINDOWS-BASED PC | <input type="checkbox"/> FORKLIFT OPERATION |
| <input type="checkbox"/> EMAIL (MICROSOFT OUTLOOK) | <input type="checkbox"/> MICROSOFT OFFICE WORD | <input type="checkbox"/> TRUCK OPERATION |
| <input type="checkbox"/> INTERNET | <input type="checkbox"/> MICROSOFT OFFICE EXCEL | |
| <input type="checkbox"/> COPIER | | |
| <input type="checkbox"/> DELIVERY HANDHELD SYSTEM – PLEASE INDICATE TYPE: _____ | | |

Please list any other software applications you have experience with, any special programs, or any special licensing/certification you may have (and number of years held):

Please highlight any special study/research work or special training you may have completed, and/or any other special skills you may have:

Please list any professional, trade, business, or civic activities with offices held and number of years involved (optional):

EMPLOYMENT HISTORY

Please list your previous employment experiences, starting with the most recent one first.

EMPLOYER NAME: _____ FROM: _____ TO: _____
(MONTH & YEAR) (MONTH & YEAR)

EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____

SUPERVISOR NAME: _____ PHONE NUMBER: _____

JOB TITLE: _____ SALARY: _____

JOB DUTIES: _____

REASON FOR LEAVING (BE SPECIFIC): _____

EMPLOYER NAME: _____ FROM: _____ TO: _____
(MONTH & YEAR) (MONTH & YEAR)

EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____

SUPERVISOR NAME: _____ PHONE NUMBER: _____

JOB TITLE: _____ SALARY: _____

JOB DUTIES: _____

REASON FOR LEAVING (BE SPECIFIC): _____

EMPLOYER NAME: _____ FROM: _____ TO: _____
(MONTH & YEAR) (MONTH & YEAR)

EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____

SUPERVISOR NAME: _____ PHONE NUMBER: _____

JOB TITLE: _____ SALARY: _____

JOB DUTIES: _____

REASON FOR LEAVING (BE SPECIFIC): _____

EMPLOYER NAME: _____ FROM: _____ TO: _____
(MONTH & YEAR) (MONTH & YEAR)

EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____

SUPERVISOR NAME: _____ PHONE NUMBER: _____

JOB TITLE: _____ SALARY: _____

JOB DUTIES: _____

REASON FOR LEAVING (BE SPECIFIC): _____

PROFESSIONAL REFERENCES

Please list the names of three (3) persons not related to you with whom you have worked, have known for at least one year, and who are in a position to evaluate your suitability for employment (i.e. former supervisors, teachers, or work associates).

NAME: _____ COMPANY: _____

TITLE/POSITION: _____ PHONE NUMBER: _____

NAME: _____ COMPANY: _____

TITLE/POSITION: _____ PHONE NUMBER: _____

NAME: _____ COMPANY: _____

TITLE/POSITION: _____ PHONE NUMBER: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge, and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including but not limited to a criminal background check, employment verification, reference checking, a DOT motor vehicle report, and any other pertinent information.

I authorize the references and employers listed here to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means any Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any writing by authorized executive of this organization.

In the event of employment, I understand that I am required to abide by all rules and regulations of the Employer.

I understand that pre-employment testing will be required for employment.

By checking this box, I am indicating that I agree to this Applicant's Statement: Yes No Initial _____

APPLICANT SIGNATURE

DATE

YOU MAY WAIVE SIGNING THIS FORM IF SUBMITTING ELECTRONICAL BY INITIALLING HERE: _____