

APPLICATION FOR EMPLOYMENT

RETAIL

WONDRACK DISTRIBUTING INC.
529 EAST KENNEWICK AVENUE
KENNEWICK, WASHINGTON 99336

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security Number _____

Address _____

Street

City

Phone Number _____

State

Zip

Address for Past Three Years:

How Long? _____

Street

City

State & Zip Code

How Long? _____

Do you have a legal right to work in the United State? _____

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____

Position _____ Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving your last employment? _____

If yes, may we contact your present employer? _____ Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the function of the job for which you have applied? _____

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All accounting and retail applicants must provide the information on all employers as requested below.
 All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary).

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING	

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING	

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING	

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING	

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING	

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EDUCATION ALL APPLICANTS-

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED

(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - OTHER

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN):

TO BE READ AND SIGNED BY ALL APPLICANTS

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I hereby authorize and request any and all of my former employers and any other person, firm or corporation to furnish any and all information concerning my credit-worthiness and personal background and I hereby release each such employer or other person, firm or corporation from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and / or an investigative consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any such report. I understand that, upon my request, I have the right to know if any such report was requested and, if so, the name and address of the consumer reporting agency that furnished such report and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I request such disclosure within a reasonable period of time.

I understand that if employed: 1) any misrepresentation or omission of facts requested in the application is cause for dismissal; and 2) my employment if for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

I also agree that Wondrack Distributing, Inc. may obtain: 1) A satisfactory report from the Dept. of Motor Vehicles, 2) Systemic alcohol and drug test, 3) Consumer Credit Report.

Date

Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)