EASTOWN APPLICATION FOR EMPLOYMENT

Eastown Distributors Company (the "**Company**") is an equal opportunity employer and does not discriminate on the basis of race (including traits historically associated with race, including but not limited to hair texture and protective hairstyles), color, religion, sex, gender, pregnancy, national origin, age, physical or mental disability, genetic information, height, weight, sexual orientation, gender identity or expression, marital status, military status, or other protected status in accordance with applicable federal, state, and local laws. If you have a disability that impairs your ability to be considered, interviewed, or tested for a position, please let us know what accommodations you may require.

Please complete the entire application and sign the Authorization and Understanding at the end of the application. If there is not enough space on this form to supply all of the information necessary to answer a question, please attach additional pages. You may complete the application now or return the completed application at a later time. You may show this application to any person of your choice. Please print.

Date of Application ___/___/___

Position(s) Applied For _____

Referral Source: o Advertisement o Friend o Relative o Walk-In
o Employment Agency o Other _____

If "Friend" or "Relative" is referral source, identify the individual(s). _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Email Address _____

Telephone (_____) _____
Area Code

Please supply any other names you have used in school or at any previous job. _____

Are you 18 years of age or older? o Yes o No

Have you filed an application here before? o Yes o No If yes, give date ____/____/____

Have you ever been employed here before? o Yes o No

Are you legally authorized to work in the United States? o Yes o No

Are any of your friends or relatives employed at this Company? o Yes o No

If yes, specify. _____

Date available for work? ___/___/___ Rate of pay expecting? _____

What schedule are you available to work? o Full Time o Part Time o Temporary
Are you on a layoff and subject to recall? o Yes o No
Can you travel if a job requires it? o Yes o No

Have you been convicted of, or pled "no contest," "nolo contendre" or "guilty" to, a crime, excluding routine traffic offenses? o Yes o No

(Do not answer "Yes" to any questions in this section if the charge, plea, or conviction has been expunged or sealed.)
(Conviction of a crime does not automatically disqualify you from consideration for employment.)

If yes, describe in detail:

_____
_____
_____

Are there any felony charges pending against you currently? o Yes o No

If yes, describe in detail:

_____
_____
_____

Do you hold any professional licenses or certifications? o Yes o No

If yes, list and describe:

_____
_____
_____

Have you ever had a professional license or certification revoked or suspended? o Yes o No

If yes, list and describe:

_____
_____
_____

Are you currently under investigation by any agency or department concerning any licensure or certification matter?
o Yes o No

If yes, list and describe:

_____
_____
_____

DRIVING HISTORY

- Do you have a valid driver's license? o Yes o No

If yes: License No._____ State_____ Expiration Date_____

List all other states in which you have had driver's licenses:

_____

List all accidents in which you have been involved during the past 5 years

_____

_____

List all tickets (excluding parking tickets) received during the past 5 years

_____

_____

Have you ever been refused automobile insurance? o Yes o No

Are you presently under an assigned risk policy for automobile insurance? o Yes o No

Do you currently own or lease an automobile? o Yes o No

PERSONAL REFERENCES
(No former employers or relatives.)

Name and Occupation **Address** **Telephone Number**

_____

_____

_____

EDUCATION

	High School	College/University	Graduate/ Professional
School Name			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Did you Graduate?	o Yes o No	o Yes o No	o Yes o No
Diploma/Degree			
Course of Study			
Honors Received			
Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities			

Are you presently attending school, or do you plan on furthering your education? o Yes o No
If yes, specify the courses being taken and estimate the time commitment:

_____

EMPLOYMENT EXPERIENCE

List all jobs in order, starting with your most recent employment. Include military service assignments and volunteer activities in which you received relevant job experience. You may exclude organizations that indicate race (including traits historically associated with race, including but not limited to hair texture and protective hairstyles), color, religion, sex, gender, pregnancy, national origin, age, physical or mental disability, genetic information, height, weight, sexual orientation, gender identity or expression, marital status, military status, or other protected status in accordance with applicable federal, state, and local laws. Attach additional pages, if necessary.

Employer	Telephone ( )	Dates Employed From	Dates Employed To	Work Performed
Address				
Job Title				
Supervisor				
Reason For Leaving				
Employer	Telephone ( )	Dates Employed From	Dates Employed To	Work Performed
Address				
Job Title				
Supervisor				
Reason For Leaving				
Employer	Telephone ( )	Dates Employed From	Dates Employed To	Work Performed
Address				
Job Title				
Supervisor				
Reason For Leaving				
Employer	Telephone ( )	Dates Employed From	Dates Employed To	Work Performed
Address				
Job Title				
Supervisor				
Reason For Leaving				

Are you currently employed? o Yes o No

May we contact your current employer? o Yes o No

Are you bound by a continuing confidentiality, intellectual property, non-competition, or other restrictive agreement from your current or former employer? o Yes o No

If yes, list and describe:

_____

_____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment, military, or other experience.

_____

_____

_____

CAREER OBJECTIVES

Describe your career and income objectives, and how your employment with this company fits those objectives.
Short-term:

_____

_____

Long-term:

_____

_____

If you are applying for a sales position, what do you consider the three most important aspects of good salesmanship?

1. _____
2. _____
3. _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

CELLULAR NUMBER: _____

AUTHORIZATION AND UNDERSTANDING

I represent that the answers and information given by me in this application are true and complete. I understand that any incomplete, misleading, or false statements in this application or in an interview can result in immediate disqualification or termination, if hired.

I authorize **Eastown Distributors Company** (the "**Company**") to verify, both at the time of application and later during my employment, if I am hired, any of the information concerning my background, including, but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as the Company requires, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize the Company to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release the Company and them from any liability whatsoever as a result of any such inquiries and disclosures. This release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I understand that I may have to provide further information to assist in these investigations.

I do not object to signing an employment agreement on confidential information.

I consent to all drug testing and post-offer medical examinations, if required, during the selection process, and, if hired, all drug and alcohol testing throughout employment, if required. I consent to the release of the results of any test to authorized representatives of Company for review, and I release Company, its affiliates, officers, employees, and any person affiliated with the testing from any claims, losses, damages, or other liabilities due to any acts, omissions, or negligence arising from or related to such testing.

I understand and agree that, if I am hired, employment is "at will," and that either I or the Company can terminate my employment and compensation, with or without cause, and with or without notice, at any time (unless a collective bargaining agreement at Eastown Distributors gives me other rights). I acknowledge that no representations, either oral or written, have been made to me to the contrary, and that any pre-existing understandings which contradict an "at will" status of employment are canceled. Further, I understand that only the Company's President has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the President and me.

In consideration of my employment, I agree to conform to and be bound by the rules, policies, regulations, and terms and conditions of employment of the Company as they exist or are, from time to time, changed. Also, I agree not to begin any claim, action, or lawsuit relating directly or indirectly to employment with the Company or the termination of such employment more than six (6) months after the event complained of (except that a charge filed with the EEOC may be filed within the agency's 300-day period). I waive any statute of limitations to the contrary (unless a collective bargaining agreement in effect at Eastown requires that I initiate such an action or claim or suit in less than six months in which case such lesser period shall apply). However, I agree that any shorter statute of limitations remains in effect. This shortened period of limitations shall apply to any claim, action, or lawsuit against the Company, its parent, subsidiaries, affiliates, successors and assigns, and its/their current or former employees, members, directors, officers, or agents ("Affiliated People").

I KNOWINGLY AND VOLUNTARILY WAIVE ALL RIGHTS TO TRIAL BY JURY OF ALL CLAIMS AND DISPUTES BETWEEN ME AND THE COMPANY/AFFILIATED PEOPLE.

This application for employment shall be considered active for sixty (60) days. If I wish to be considered for employment after that time period, I understand that I must inquire at that time whether or not applications are being accepted.

My signature below indicates that I have read, understand, and agree to the above paragraphs.

Signature: _____ Date: _____