

**EASTOWN DISTRIBUTORS COMPANY  
APPLICATION FOR EMPLOYMENT**

(PLEASE PRINT)

**I. GENERAL INFORMATION**

Date\_\_\_\_\_

Name\_\_\_\_\_

Last	First	Middle
------	-------	--------

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address:\_\_\_\_\_

Position Desired: \_\_\_\_\_ Pay Desired:\_\_\_\_\_

If hired, can you provide the documents required to prove that you are legally able to work in the U.S.? Yes\_\_\_ No\_\_\_

Please provide any special information we may need about your name or use of another name for us to be able to check your work record and otherwise verify the information given in this Application.\_\_\_\_\_

If under 18, please state your age.\_\_\_\_\_

Have you filed an application here before? Yes\_\_\_ No\_\_\_  
If yes, give date.\_\_\_\_\_

Have you ever been employed here before? Yes\_\_\_ No\_\_\_  
If yes, give date.\_\_\_\_\_

Are any of your relative's current or former employees of this company? Yes\_\_\_ No\_\_\_

Are you employed now? Yes\_\_\_ No\_\_\_ If so, may we contact your present employer? Yes\_\_\_ No\_\_\_

On what date would you be available for work?\_\_\_\_\_

Are you available to work full time? Yes\_\_\_ No\_\_\_

Are you on a lay-off and subject to recall? Yes\_\_\_ No\_\_\_

Are you available to travel if a job requires it? Yes\_\_\_ No\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_ No\_\_\_

If yes, please explain.\_\_\_\_\_



## V. 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. \_\_\_\_\_

## VI. DRIVING HISTORY

Do you have a valid driver's license? Yes\_\_\_ 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? Yes\_\_\_ No\_\_\_

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

Do you currently own or lease an automobile? Yes\_\_\_ No\_\_\_

**VII. MILITARY**

Complete this section if you served in the U.S. Armed Forces.

Branch of service\_\_\_\_\_

Period of active duty(month & year) from\_\_\_\_\_to\_\_\_\_\_

Rank at discharge\_\_\_\_\_ Honorable discharge? Yes\_\_\_ No\_\_\_

Describe your duties and any special training.\_\_\_\_\_

\_\_\_\_\_

**VIII. REFERENCES**

Give the name of three persons not related to you, whom you have known at least one year.

<u>Name</u> <u>Acquainted</u>	<u>Address &amp;</u> <u>Phone No.</u>	<u>Employer &amp; Title</u>	<u>Years</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**IX. MISCELLANEOUS**

List major group activities (e.g. business, professional, social or charitable) in which you are now a member, and for each, indicate the extent of your participation. (Please do not answer if the name or character of the activity indicates the race, religion, national origin or age of its members.)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your hobbies and other ways you use your spare time. (Please do not answer if the name or character of the activity indicates the race, religion, national origin or age of its members.)\_\_\_\_\_

\_\_\_\_\_

In case of an emergency, we should notify:\_\_\_\_\_

No. \_\_\_\_\_  
Address \_\_\_\_\_

I certify that information given herein is true and complete to the best of my knowledge. I understand that the company may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and employers named therein, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that any misrepresentation or omission of fact can result in immediate discharge.

I understand and acknowledge that, if employed, my employment and compensation will be at the will of Eastown Distributors Company and can be terminated, with or without cause, and with or without notice, at any time at the option of Eastown Distributors Company (unless a collective bargaining agreement at Eastown gives me other rights). I further understand and agree that no company manager, company representative, agent or employee of Eastown Distributors Company, other than its President, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by the President of Eastown Distributors Company in order to be effective.

Furthermore, if I become employed by Eastown Distributors Company, then I agree that in consideration for my employment I will not commence any action, administrative claim or suit more than six (6) months after the date my employment is terminated, regardless of the circumstances of the termination, which relates to my employment and/or termination of my employment and which would otherwise be timely, and I hereby 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).

\_\_\_\_\_  
Applicant's Signature

Dated: \_\_\_\_\_

**Eastown Distributors Company is an equal opportunity employer.**

**Do Not Write Below This Line**

\_\_\_\_\_  
Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_

Referred by \_\_\_\_\_

Hired \_\_\_\_\_ Position \_\_\_\_\_ Will Report \_\_\_\_\_ Wages/Salary \_\_\_\_\_

Approved: \_\_\_\_\_

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ADDENDUM

**READ CAREFULLY BEFORE SIGNING.**

I agree that as part of the employment process, I will be tested for drug and/or alcohol use.

I recognize that employment is contingent upon my successful completion of such tests. I further recognize and agree that, if I am employed by the Company, the Company may exercise its right to conduct drug and/or alcohol testing under applicable Company policies and government regulations.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_