

## EMPLOYMENT APPLICATION

<b>PLEASE PRINT</b>				Today's date: _____
First Name	M.I.	Last Name	Preferred Name/Nickname	
Street Address	Apartment #	City	State	Zip Code
Home Phone	Alternate/Work Phone		E-Mail Address	

<b>PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION</b>				
<b>Are you interested in:</b>	Full-time _____	Part-time _____	Temporary _____	
<b>What schedule would you prefer?</b>	Weekdays _____	Weekends _____	Evenings _____	Nights _____
<b>How did you hear about the position?</b>	Classified Ad _____	Friend (Name) _____	Radio _____	Internet _____
<b>Desired Pay:</b>				
Hourly Pay (minimum if applicable) _____	Annual Pay (minimum) _____	Annual Pay (desired) _____		
<b>When are you able to start work? (Date)</b>	_____			
<b>In what local area do you prefer to work?</b>	_____			
<b>Position desired:</b>	_____			

<b>PLEASE CHECK YES OR NO TO THE FOLLOWING:</b>	
<b>Are you authorized to work in the United States?</b>	Yes _____ No _____
<p>Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Choctaw-Kaul Distribution will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.</p>	
<b>Are you under 18 years of age?</b>	Yes _____ No _____ If yes, can you furnish a work permit? Yes _____ No _____

**Choctaw-Kaul Distribution** is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Choctaw-Kaul Distribution complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Choctaw-Kaul Distribution also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes \_\_\_\_ No \_\_\_\_

**PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)**

Massachusetts applicants may include any verified work performed on a volunteer basis.

FROM  /	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
	TO  /	TELEPHONE NUMBER ( )		TERMINATION
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

FROM  /	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
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	TO  /	TELEPHONE NUMBER ( )		TERMINATION
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				
COMPANY NAME			YOUR POSITION and TITLE	

FROM / MO. YR.	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	
TO / MO. YR.	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
	TELEPHONE NUMBER ( )		TERMINATION	REASON
		<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

FROM / MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
TO / MO. YR.	CITY	STATE	ZIP CODE	
	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
TELEPHONE NUMBER ( )		TERMINATION	REASON	
		<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

**ADDITIONAL INFORMATION:**

UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM / MO. YR.	TO / MO. YR.	HOW DID YOU SPEND THIS TIME? _____
FROM	TO	HOW DID YOU SPEND THIS TIME?

/ <hr/>	/ <hr/> <hr/>	<hr/>
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**EDUCATION:**

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

**PROFESSIONAL DESIGNATIONS:**

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

**PROFESSIONAL LICENSES:**

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

**REFERENCES: Please list three professional references**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>COMPANY</b>	<b>PHONE/ALTERNATE PHONE</b>

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY**

IN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF OR HAVE YOU PLEADED GUILTY TO ANY FELONY OR MISDEMEANOR\*? (Please exclude minor traffic offenses and convictions which have been sealed, impounded, erased, expunged, annulled or nolle)

**CALIFORNIA APPLICANTS:** In accordance with California Labor Code Sections 423.7 and 423.8, please do not disclose information regarding any misdemeanor convictions from marijuana-related offenses that are more than two years old, or any other information regarding any pre-trial or post-trial diversion programs in which you have participated.

**CONNECTICUT APPLICANTS** need not disclose the existence of any arrest, criminal charge or conviction if such records have been erased pursuant to §46b-146, §54-142a, §54-76o of the *Connecticut General Statutes*; criminal records subject to erasure under the above-referenced sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon; and any person whose criminal records have been erased pursuant to the above-referenced sections shall be deemed to never have been arrested within the meaning of the *Connecticut General Statutes* with respect to the proceedings which have been erased, and may swear to this under oath.

**GEORGIA APPLICANTS** should not disclose any information pertaining to convictions protected under the First Offenders Act.

**HAWAII APPLICANTS** should not disclose any information in response to this question.

**LOUISIANA, MONTANA, AND UTAH APPLICANTS** should only disclose information regarding felonies.

**MASSACHUSETTS APPLICANTS:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. **MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION.**

**MONTANA AND NEW MEXICO APPLICANTS** need not provide information beyond seven years prior to today's date.

**NEW YORK APPLICANTS** should not disclose information pertaining to youthful offender adjudications.

**NEVADA APPLICANTS** should only disclose information regarding misdemeanors that result in imprisonment or felonies.

**WASHINGTON APPLICANTS** need not disclose a conviction that occurred more than ten years before the date of this application.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

**\* PLEASE NOTE: OTHER FACTORS WILL BE TAKEN INTO ACCOUNT SUCH AS THE NATURE OF THE OFFENSE, THE TIME THAT HAS PASSED SINCE THE CONVICTION AND THE TYPE OF JOB BEING SOUGHT. FURTHER, THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.**

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

***I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.***

**References:** I hereby authorize the company and its agents to make such investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

**Temporary/Contract Employment:** If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for

any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\* Please submit your application via email to: [kbracey@choctawkaul.com](mailto:kbracey@choctawkaul.com)