



Employment Application

APPLICATION INSTRUCTIONS

Thank you for your interest in employment with Erwin Distributing Co., Inc. We appreciate your application and look forward to the possibility of you joining our team. This sheet is for your information so please read it carefully.

If you need any assistance or accommodation to facilitate the filling out of this application or during any of the application process, please notify the person who gave you this form and every effort will be made to accommodate your request.

Please complete this employment application in its entirety by printing all information so it can be easily read and by signing the application. Incomplete information on this application may result in your application for employment not being considered. Use the abbreviation N/A if a particular provision or section in the application is not applicable to you. If you need additional space, you may use the back of the application.

This application is intended for use in evaluating your qualifications for employment. This is not a guarantee or contract for employment. Omitting information and/or providing false or misleading information on this application or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment.

Employment decisions are made on the basis of qualifications to perform the work for which you are applying. Credentials and experience may be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, national origin, sex, disability, veteran status, age, or any other category protected by federal, state, or local law.



Employment Application

Please Print

Date

Personal	Last Name		First		Middle		Day Telephone Number		
	Present Address– Street			City, State		Zip Code		Evening Telephone Number	
	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(if under 18, you may be required to provide a work permit)</small>			Are you related to anyone employed by Wally's Party Factory? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please give name and location.		
	Position Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal			Starting Salary Desired			Date Available for Employment		
	Have you ever been employed by Wally's Party Factory? If yes, When?			Where?		What Position?		Eligible to Work in United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	How were you referred to us? <input type="checkbox"/> Walk-In Applicant			<input type="checkbox"/> Newspaper Ad			<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Employee Referral, Name: _____			<input type="checkbox"/> Internet Ad, Website: _____					
	Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Earliest Time									
Latest Time									

Must be completed in its entirety, including salary information.

Employment Background	1. Present (or last) Company Name		Address		City, State		Phone #	
	Dates: From – To		Starting Base Salary \$		Current Base Salary \$		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Job Title		Supervisor		Reason for Leaving			
	Brief description of duties (include number of persons supervised, if applicable)							
	2. Previous Employer Company Name		Address		City, State		Phone #	
	Dates: From – To		Starting Base Salary \$		Ending Base Salary \$			
	Job Title		Supervisor		Reason for Leaving			
	Brief description of duties (include number of persons supervised, if applicable)							
	3. Previous Employer Company Name		Address		City, State		Phone #	
	Dates: From – To		Starting Base Salary \$		Ending Base Salary \$			
	Job Title		Supervisor		Reason for Leaving			
	Brief description of duties (include number of persons supervised, if applicable)							

ERWIN DISTRIBUTING Co., INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, VETERAN STATUS, DISABILITY, OR ANY OTHER CATEGORY PROTECTED BY FEDERAL, STATE, OR LOCAL LAW.

Education	High School Name and Location		Last Year Completed 9 10 11 12	Diploma or GED <input type="checkbox"/> Yes <input type="checkbox"/> No
	College or Vocational School Name and Location	Area of Study/Major:	Last Year Completed 1 2 3 4	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
	College or Vocational School Name and Location	Area of Study/Major:	Last Year Completed 1 2 3 4	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Awards or Recognitions			

Military	Active Duty Branch	Dates of Active Duty	Highest Rank Attained
	Reserve Status	Reserve Branch	

Criminal	Have you ever plead guilty or nolo contendere (no contest), received deferred adjudication, received probation, court ordered community supervision, pre-trial diversion, or been convicted of any criminal offense (felonies and misdemeanors) other than minor traffic citations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If Yes, please list the date, nature, locations, and disposition. _____		

Skills	List office skills, trades, abilities or license certifications that may be beneficial in the job for which you are applying.		
	Foreign Languages:	Degree of Proficiency: Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>	

List three professional references most familiar with your abilities (supervisors preferred).

References	Name and Association	Occupation	Address	Phone Number	Years Known
	Name and Association	Occupation	Address	Phone Number	Years Known
	Name and Association	Occupation	Address	Phone Number	Years Known

APPLICANT'S STATEMENT (Applicant must review and sign below.)

I affirm that I have read and fully completed all sections of this application and all information as written above is true and correct, and I acknowledge that the application process or my employment may be terminated at any time if any information I supply is false. I acknowledge that this application will remain active for no more than 45 days. If I wish to be considered for employment after this 45 day period, I will reapply. I understand that if I am employed by Erwin Distributing Co., Inc. ("The Company") my employment is at-will, which means that The Company or I can terminate the employment relationship at any time, for any reason, and with or without notice.

I authorize the references listed on this application to provide The Company any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to The Company.

I understand that as a condition of employment I am required to abide by all rules and regulations of The Company. I acknowledge that these policies and procedures, and any benefits or other terms and conditions of my employment, may be changed, interpreted, withdrawn or added to by The Company at any time with or without prior notice to me.

SIGNATURE OF APPLICANT _____

DATE _____