



An Equal Opportunity Employer-Male/Female

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran, ancestry, medical condition, marital status, pregnancy or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application

Job Applied For: _____ Today's Date: _____

Are you seeking Full-time Summer Part-time Temporary employment?

When could you start to work? _____

PERSONAL DATA

 Last Name First Name Middle Name Telephone Number ()

Present Street Address City State Zip Code

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Social Security Number _____

HEALTH

Do you have any physical conditions which would limit your performance of the job for which you are applying? Yes No

If yes, how can we accommodate you? _____

MILITARY

Military Status: _____
 Branch of Service _____
 Service duties / Special training _____

GENERAL

Were you ever employed here? Yes No If yes, when? _____

Have you ever applied here before? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No

(This conviction will not necessarily disqualify an applicant from employment.)

Of what clubs, organizations, civic or other groups have you been a member in the last five years? (list offices held.)
 (Exclude any labor organizations or any organizations the name and character of which indicate race, color, religion, sex,
 age, national origin or ancestry of its members.) _____

For Driving Jobs Only: Do you have a valid drivers license? Yes No

Driver's License # _____ State _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years?
The company will order a current DMV report on you prior to hire date. Yes No

EDUCATION

Name, Address and Location of School	Highest Grade Completed	Did You Graduate ?	
High School: _____ (or date GED completed)			
College or University: _____ College Major: _____ Degree: _____			
College or University: _____ College Major: _____ Degree: _____			
Additional Educational and /or Vocational or Technical Training Information:			
School: _____			
School: _____			
School: _____			

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your work record?..... Yes No

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment if self-employed, give firm name and business references.
PLEASE GIVE MONTH AND YEAR.

Name of Most Recent Employer Address City, State Zip Code _____ Telephone	Name of Last Supervisor	Employment Dates _____ From (mo/yr) _____ To (mo/yr)	Pay _____ Start \$ _____ Final \$
Title _____ Duties	Reason for Leaving		
Name of Employer Address City, State Zip Code _____ Telephone	Name of Last Supervisor	Employment Dates _____ From (mo/yr) _____ To (mo/yr)	Pay _____ Start \$ _____ Final \$
Title _____ Duties	Reason for Leaving		
Name of Employer Address City, State Zip Code _____ Telephone	Name of Last Supervisor	Employment Dates _____ From (mo/yr) _____ To (mo/yr)	Pay _____ Start \$ _____ Final \$
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Name of Employer Address City, State Zip Code _____ Telephone	Name of Last Supervisor	Employment Dates _____ From (mo/yr) _____ To (mo/yr)	Pay _____ Start \$ _____ Final \$
Title _____ Duties	Reason for Leaving		

SPECIAL SKILLS

If you are experienced operator of any business machines or equipment, please list:

If you are an experienced operator of any plant machines or equipment, please list:

10-Key Calculator by touch? Yes No

Do you type? Yes No

Words Per Minute _____

Do you take shorthand? Yes No

Words Per Minute _____

Do you have any other skills you wish to mention pertinent to the position applied for?

REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation
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CONSENT TO INVESTIGATION

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability of employment including records of any past felony convictions and, if applicable, driving records. I authorize the references list on this application to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial _____

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsification of statements, answers or omissions omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, persons, hospitals or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for termination. I understand that there is no expense or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will at any time and with or without cause; the employer's only obligation being to pay salary or wages due and owing at the time of the termination. **Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination.**

Signature _____

Date _____

COMPANY USE ONLY

Do Not Write Below This Line

Disposition _____	Interviewed by: _____
Job Classification _____	Interviewer's remarks: _____
Date Employed _____	_____
Starting Rate _____ per _____	_____
Department _____	_____

Application information checked by: Name _____ Date _____



JOB APPLICANT SELF-IDENTIFICATION OF RACE/ETHNICITY AND GENDER

OneSource Distributors, LLC is an equal opportunity and affirmative action government contractor. Pursuant to government regulations, we are required to record numbers of job applicants by gender and ethnicity/race. To aid OneSource in its commitment to equal employment and affirmative action, we ask your help to provide accurate and thorough information by volunteering the following information.

YOUR PARTICIPATION IS VOLUNTARY.

Any information you volunteer will be kept confidential and will be separated from your application materials. The following information will be used solely for statistical purposes.

CHECK ONE

- Female
- Male

CHECK ONE

- Hispanic or Latino
- Not Hispanic or Latino

CHECK ONE (ONLY IF NOT HISPANIC OR LATINO)

- White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaskan Native
- Two or More Races

JOB TITLE(S) APPLIED FOR: _____

DATE OF APPLICATION: ____/____/____.

ADDITIONAL OPTIONAL INFORMATION:

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** ____/____/____.

Please contact Human Resources at 760-966-4556 regarding any questions about this form and/or the corresponding government requirements.