

EMPLOYMENT APPLICATION

C&L Distributing
1020 Industrial Drive South
Sauk Rapids, MN 56379
(320) 251-7375

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For					Date of Application	
How Did You Learn About Us?						
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry		
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other _____		
Last Name		First Name			Middle Name	
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)			Email Address			

Best time to contact you is:

_____ AM/PM

Some of the positions require that the employee be age 18 or older. Are you age 18 or older?

Yes ☐

No ☐

Have you ever filed an application with us before?
If Yes, give date _____

Yes ☐

No ☐

Do any of your friends or relatives, other than spouse, work here?

Yes ☐

No ☐

Are you currently employed?

Yes ☐

No ☐

May we contact your present employer?

Yes ☐

No ☐

Are you eligible to be employed in the United States?

Yes ☐

No ☐

Proof of citizenship or immigration status will be required upon employment

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work:

Full Time ☐

Part-Time ☐

Temporary ☐

(Please indicate dates available ____/____/____ to ____/____/____)

Are you currently on "lay-off" status and subject to recall?

Yes ☐

No ☐

Can you travel if the job requires it?

Yes ☐

No ☐

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EDUCATION				
	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

[illegible]

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status. You need only provide your employment history for the most recent 15 years.

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)			
	Job Title	Hourly Rate/Salary		
	Supervisor	Start	Final	
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)			
	Job Title	Hourly Rate/Salary		
	Supervisor	Start	Final	
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)			
	Job Title	Hourly Rate/Salary		
	Supervisor	Start	Final	
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)			
	Job Title	Hourly Rate/Salary		
	Supervisor	Start	Final	
	Reason for Leaving			

Please explain any gaps in employment. If you need additional space, please continue on a separate sheet of paper

List professional, trade, business, or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment, military or other experience

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (List)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<hr/>	<hr/>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<hr/>	<hr/>
<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	<hr/>	<hr/>
		<hr/>	<hr/>
		<hr/>	<hr/>

State any additional information related to your job qualifications or experiences you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION IF YOU HAVE NOT BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ☐ YES ☐ NO

REFERENCES

1.	Name	Phone
	Address	
2.	Name	Phone
	Address	
3.	Name	Phone
	Address	

APPLICANT'S STATEMENT

I certify that the answers given herewith are true and complete. By signing below, I authorize investigation of all statements contained in this application for employment as may be necessary for the Company to reach a decision on my application. Also, by signing below, I hereby release any information kept on my past work performance by my former employers, for investigation and review by the Company in its evaluation of my employment application. This investigation may include but is not limited to, any information relating to my character, general reputation, personal characteristics, criminal history, past work experience, educational background, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I have completed this application of my own free will and hold the Company harmless from all liability for providing this application for my use or in conducting the above-described investigations.

I agree that this application for employment shall be considered active for a period of time not to exceed forty-five (45) days from the date of my signature below, at which time the Company will have the right to discard this application if no conditional offer of employment has been made by that time. If I wish to be considered for employment beyond that time period, I agree to contact the Company as to whether or not applications are being accepted at that time.

In the event of my employment with the Company, I hereby understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with this Company is of an "*at will*" nature, which means I, as an employee of the Company, may resign at any time and the Company may discharge my employment at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of this Company.

I understand and acknowledge that an offer of employment made to me by Company is conditional upon my receiving a negative drug test result, and in the case of an application for a warehouse, delivery, or sales position with Company, also upon my receiving a satisfactory physical examination and a full screening by the Company's medical provider.

In the event of my employment with the Company, I understand that false or misleading information given in my application or during my interview(s) may result in discharge. I also understand that, if hired, I will be required to abide by all rules and regulations of the Company.

NAME _____ DATE _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ Yes _____ No

Remarks _____ Interviewer _____ Date _____

Employed _____ Yes _____ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Date _____
Name and Title

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