

Leader Distribution Systems, Inc.

Application for Employment

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, 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"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-in
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work:

Full Time Part Time Shift Work Temporary

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

Yes No

Can you travel if a job requires it?

Yes No

email address: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or protected status.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job title	Supervisor		
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job title	Supervisor		
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job title	Supervisor		
Reason for Leaving			

4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

LICENSE(S)	LICENSE TYPE	STATE	EXPIRATION DATE	NUMBER
List of Current Driver's Licenses				
	Has your license ever been denied renewal, revoked or suspended <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please give details			
	License type	Action taken	Date	Reason
Experience	Years	Type of vehicles		
Indicate number of years experience & types of vehicles (trucks, tractors, buses, etc.				
Accidents	Date	Nature of Accident	Injuries/Fatalites	Liability Cost
Please indicate accidents (company-personal) during last 3 years				
Violations	Date	Offense	Location	Fine/Determination
List all moving violations (company-personal) during last 3 years				
Training	Date	Location	Course conducted by	
Please indicate Driver Safety programs completed.				
Awards	Date	Location	Type of award	Organization Name
Please indicate all safe driving awards you've received				

EDUCATION

	Elementary School					High School				Undergraduate College / University				Graduate/ Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application.																	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee 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 executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date