

Various Federal, State and Local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. We are an equal opportunity employer and your response to any question will be judged on its relevance to the position you are seeking.

This form must be filled out completely by the applicant. Please print in ink. Incomplete applications will not be considered.

PERSONAL INFORMATION

DATE / /

Name (Last)	(First)	(Middle)	Social Security No.	
Home Address		City	State	Zip
Home Telephone ( )	Business Telephone ( )	May we contact you at work? (circle one) Yes No		
Position Applying For	Date Available / /	Are you interested in (circle all that apply) Full-time Part-time Temporary Summer		
If you are under 18 years of age, please state your date of birth. _____/_____/_____				
Do you hold a valid driver's license? (circle one) Yes No				

Can you perform the duties of the position for which you are applying with or without accommodation? (circle one) Yes No

Comment: \_\_\_\_\_

Are you willing to relocate? (circle one) Yes No

Are you willing to travel? (circle one) Yes No What percent? \_\_\_\_\_%

Are you willing to work weekends? (circle one) Yes No

Are you willing and able to work overtime if required? (circle one) Yes No

How were you referred to us? \_\_\_\_\_

EDUCATION

Type of School	Name and Location of School	Number of yrs.	Degree or Diploma	Major / Minor
High School	Name			
	Location			
College	Name			
	Location			
Graduate School	Name			
	Location			
Trade School	Name			
	Location			
Other	Name			

SPECIAL SKILLS

List certifications or licenses held, computer software with which you are familiar and equipment you are qualified to operate.

\_\_\_\_\_

\_\_\_\_\_

U.S MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained
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EMPLOYMENT HISTORY

List employment starting with your most recent position. Please indicate if you were employed under a different name. Do not omit any prior employers. You may request a duplicate of this page if necessary. Reference to other documents such as a resume is not acceptable.

Employer		Dates Employed	
		From: mm/yyyy	To: mm/yyyy
Address City State		Telephone Number ( )	
Job Title		Starting Salary	
Immediate Supervisor & Title		\$ Per	
Reason for Leaving		Final Salary \$ Per	
Employer		Dates Employed	
		From: mm/yyyy	To: mm/yyyy
Address City State		Telephone Number ( )	
Job Title		Starting Salary	
Immediate Supervisor & Title		\$ Per	
Reason for Leaving		Final Salary \$ Per	
Employer		Dates Employed	
		From: mm/yyyy	To: mm/yyyy
Address City State		Telephone Number ( )	
Job Title		Starting Salary	
Immediate Supervisor & Title		\$ Per	
Reason for Leaving		Final Salary \$ Per	
Employer		Dates Employed	
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Job Title		Starting Salary	
Immediate Supervisor & Title		\$ Per	
Reason for Leaving		Final Salary \$ Per	
Employer		Dates Employed	
		From: mm/yyyy	To: mm/yyyy
Address City State		Telephone Number ( )	
Job Title		Starting Salary	
Immediate Supervisor & Title		\$ Per	
Reason for Leaving		Final Salary \$ Per	

COMMENTS (Including Explanation of any Gaps in Employment)


ADDITIONAL INFORMATION

You may list any other information you would like us to consider. That could include professional, trade, business or civic organizations and any offices held. You may list special accomplishments, publications, awards, etc. (Exclude memberships that would reveal race, color religion, sex, national origin, citizenship, age, mental or physical disabilities, or any other similarly protected class.)

LEGAL

Are you a U.S. citizen or do you have a legal right & necessary documents to work in the U.S. without restriction? (Circle one) Yes No  
(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Were you ever discharged by any company? Yes No If yes, give name of company(ies)

Reason for discharge

Have you ever been convicted of a crime other than a minor traffic violation? (Circle one) Yes No  
The existence of a criminal record will not automatically disqualify you from the job for which you are applying. If yes, please explain offense and final disposition:

REFERENCES List three references (not relatives) that you have known for at least three years.

Name	Occupation	Address	Daytime Phone Number
			( )
			( )
			( )

APPLICANT STATEMENT

I certify that all information that I have provided is complete, true and correct, to the best of my knowledge. I understand that if any information on this application is found to be false, it will be sufficient cause for my application to be rejected or for my dismissal, depending on when it is discovered.

I understand that, if I am hired, I am free to resign at any time, with or without cause and with or without prior notice. I also understand that the company reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements to the contrary are valid.

I authorize the investigation of any and all statements made in this application, my resume and interview. This includes, but is not limited to contacting and obtaining information from all references, employers, public agencies, licensing authorities and educational institutions. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organization for furnishing such information about me.

I understand that I may be requested to sign an Authorization and Release of Information Form for a Pre-Employment Background Check which may seek information as to my character, work habits and reasons for termination of past employment. Additionally, I understand that by signing such Authorization and Release of Information Form, information may be obtained from various federal, state and local agencies concerning my past activities relating to driving record, criminal record, previous employment, education and other aspects of my background which may be relevant to an employment decision. Revised

I understand that, as part of the application process at WinWholesale Inc. for its distribution centers, I may be required to submit to a drug test, and if asked to do so, I will be provided a copy of the policy, and will be provided a copy of any positive test result. Revised

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all the terms of the Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_