## **EMPLOYMENT APPLICATION**



## NAME OF POTENTIAL EMPLOYER:

Ackerman Distributing - (970) 284-5599 22935 CR 33 La Salle, Co 80645

PERSONAL	- INFORMATION		EMAIL APP 10: ackermandistributing@gmail.com				
Name (Last)		First	(Middle)	Date /	/		
Home Address			City	State	Zip		
Home Ce		Cellular Phone	ne Business Phone May we contact you at work?				
( )		( )	(	)	) Yes No		
Email:				Are you 18 years o	r older? Yes	☐ No	
1 33:3:3:7 (55:7)8 1 31		Date Available					
How were you re	ferred to us?		Can you lift 70	o lbs:			
EDUCATIO	N						
Type of School	Name and Locati			Degree/Area of Study	Number of Years Attended	Graduated (Check One)	
High School	Name	Address	7.			Yes No	
	City	State Address	Zip				
College	City	State	Zip			Yes No	
Graduate School	Name	Address					
	City	State	Zip			Yes No	
	Name	Address					
Other	City	State	Zip			Yes No	
EXPERIENC	E						
Computer	Skills: Such as Excel, QB	Customer Rel	lations: Such as Sales, Rec	ceptionist, Etc. Running	g Equipment: Such a	ns Forklifts, Etc.	
LEGAL							
Are you legally au	thorized to work in the Unit	ed States? Yes	No (Identity and employment Immigration Reform an	ent eligibility of all new hires d Control Acts of 1986.)	will be verified as req	uired by the	
Were you ever dis	scharged by any company?	Yes No If yes,	give name of company(ies	s)			
Reason for discha			<u> </u>		7		
Have you ever be at any time within	en convicted of or plead gui the past 5 years?	ty to (including a plea	ot nolo contendere) a mis	sdemeanor Yes _	No If yes, please	explain in full:	
	onvicted of or plead guilty to erased or expunged records of c					please explain nal disposition:	
(A conviction will no	ot necessarily disqualify an appli	cant from employment.)					
					(CONT	NUED ON BACK	

## **EMPLOYMENT HISTORY** List employment starting with your most recent position. You may include a description of verified work performed on a volunteer basis. Is any additional information relative to a different name necessary to check your work record? If yes, explain. Yes No **DATES POSITION HELD** SALARY OR NAME AND ADDRESS LIST MAJOR **REASON** OF EMPLOYER AND SUPERVISOR **DUTIES** WAGES FOR LEAVING Your Job Title From: Starting Name mο Address Supervisor Final To: City & State Phone mo. yr. Your Job Title Name Starting From: Address mo. yr. Final Supervisor To: Phone City & State mo. yr. ( Name Your Job Title Starting From: mo. Address Final Supervisor To: City & State Phone mo. yr. From: Name Your Job Title Starting mo. yr. Address Final Supervisor To: City & State Phone mo. yr. ( ) Other: **REFERENCES** Business references: (do not list relatives) Name Address Work Phone No. Title Years Known PLEASE READ CAREFULLY In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand and agree that if employed, employment will be "AT WILL." That is, either I or the employer may end the employment relationship at any time, for

I understand and agree that if employed, employment will be "AT WILL." That is, either I or the employer may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application does not imply employment and that this application and/or any other documents are not contracts of employment.

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