



# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin or disability. I affirm that this application is complete and accurate and understand that any false statements or omissions of any kind are grounds for denying employment or for dismissal.

Date \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_  
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

Present address \_\_\_\_\_  
STREET CITY STATE ZIP

Previous address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone \_\_\_\_\_ Work/Message Phone \_\_\_\_\_  
AREA CODE AND PHONE NUMBER AREA CODE AND PHONE NUMBER

U.S. Citizen  Yes  No If no \_\_\_\_\_  
TYPE OF VISA AND EXPIRATION DATE ALIEN REGISTRATION NUMBER

U.S. Military Service  Yes  No Rank \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
MONTH YEAR MONTH YEAR

Referred By \_\_\_\_\_ Name and Relationship of Relatives at LDF Sales & Distributing, Inc. \_\_\_\_\_

## CRIMINAL HISTORY/DRIVING RECORD

Have you been convicted of an offense against civil or military law, or been released from a prison or other detention facility, or are you now under charges for any offense against civil or military law? (Omit (1) Traffic violations with a fine under \$100 except where liquor or drugs were involved and (2) any offense committed before your 21<sup>st</sup> birthday which was finally adjudicated in a juvenile court or under a youth offender law.) A conviction record will bar you from employment.  Yes  No

List any other name you have used except where name was changed by court order or marriage: \_\_\_\_\_

In the past two (2) years, have you failed or refused a DOT drug or alcohol pre-employment test from an employer that did not hire you?  Yes  No  
If yes, SAP information is required. \_\_\_\_\_

## VERIFICATION INFORMATION

Date of Birth	Drivers License Number	State Issuing Driver's License	Driver's License Expiration Date	Class (circle one)
				<b>A B C D</b>

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \$ \_\_\_\_\_

Ever applied to an LDF Company before? \_\_\_\_\_ When: \_\_\_\_\_

May we contact your present employer prior to completion of employment negotiations?  Yes  No

If no, explain \_\_\_\_\_

## EDUCATION

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any information such as additional skills and length of experience that would assist in evaluating your application for employment:

\_\_\_\_\_

**EMPLOYMENT RECORD:**

BEGINNING NOW ACCOUNT FOR EVERY MONTH OF EMPLOYMENT OR UNEMPLOYMENT WITHIN AT LEAST THE PAST SIXTY (60) MONTHS (5 YEARS). INCLUDING TIME IN MILITARY SERVICE. PART-TIME AND SHORT TERM EMPLOYMENT AND PERIODS OF SELF-EMPLOYMENT. A RESUME OR ADDITIONAL SHEET MAY BE ATTACHED BUT THIS SECTION MUST BE COMPLETED.

COMPANY			DATES OF EMPLOYMENT				BEGINNING SALARY	ENDING SALARY	
COMPANY ADDRESS			FROM		TO		SUPERVISOR'S NAME AND ADDRESS		
CITY	STATE	ZIP	MO	YR	MO	YR	REASON FOR LEAVING		
YOUR POSITION AND SPECIFIC DUTIES							<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> RESIGNATION/RETIRED	<input type="checkbox"/> LAID OFF <input type="checkbox"/> DISMISSED FOR CAUSES (FIRED)	<input type="checkbox"/> STILL EMPLOYED

COMPANY			DATES OF EMPLOYMENT				BEGINNING SALARY	ENDING SALARY	
COMPANY ADDRESS			FROM		TO		SUPERVISOR'S NAME AND ADDRESS		
CITY	STATE	ZIP	MO	YR	MO	YR	REASON FOR LEAVING		
YOUR POSITION AND SPECIFIC DUTIES							<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> RESIGNATION/RETIRED	<input type="checkbox"/> LAID OFF <input type="checkbox"/> DISMISSED FOR CAUSES (FIRED)	<input type="checkbox"/> STILL EMPLOYED

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**REFERENCES:** LIST BELOW PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR AND WHO WOULD BE KNOWLEDGABLE OF YOUR ABILITIES.

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

**PLEASE READ AND SIGN:**

I hereby authorize my present employer (unless "no" has been checked) or any former employer or any other party, to release any and all records of my service and other information concerning me, except that which would indicate age, race, religion, color, sex or national origin. Further, I hereby release these parties from all liability for any damage except that resulting from misrepresentation which might result from furnishing the information. I agree to abide by all rules and regulations of this company, and if at any time during my employment I refuse to take a polygraph examination when requested, I understand and agree that my employment may be terminated in accordance with the law. I understand that my employment with the company is, "AT-WILL." I understand that this means that if I am hired, either the company or I can terminate my employment at any time, for any reason, with or without notice.

LDF Sales & Distributing, Inc. is committed to maintaining a drug and alcohol free work place in order to provide for as safe and productive environment as possible. Employment with LDF Sales & Distributing, Inc. requires successful completion of a drug test. This test will prevent hiring individuals who use any narcotics, dangerous drugs, or controlled substances without a medically accepted prescription. Compliance with the LDF Drug/Alcohol policy is mandatory in consideration for employment.

I have read and understand the above statements.

Date: \_\_\_\_\_ Signature \_\_\_\_\_