



**HARDWARE
DISTRIBUTORS,
INC.**

2580 Getty St., PO Box 4306
Muskegon, MI 49444
231-733-2641

Employment Application

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status or any other legally protected status.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
How did you hear about us? Advertisement Employment Agency Friend Relative Inquiry Other _____					
Special Training or Skills (forklift, computer, truck driver, etc.) _____					
Are you available for work overtime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever filled out an application with us before?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been employed with us before?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your present employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you on lay-off subject to call back?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

SKILLS AND QUALIFICATIONS
Summarize special job-related skills and qualifications acquired from employment or other experience

REFERENCES*Please list three professional references. Do not include family members.*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

RIGHT TO WORK DOCUMENTS			
To assist us in complying with the Immigration Reform and Control Act of 1986, please circle all of the following documents which you have proving your right to work in the United States.			
US Passport	US Birth Certificate	Certificate of Naturalization	Social Security Card
Certificate of US Citizenship	Driver's License	Other Picture Identification	

DRIVING RECORD			
Type of driver's license you hold:	Operator	Commercial Operator	Chauffeur
State Issued _____	Expiration Date _____	How many years have you been driving? _____	
Any points now against or pending on your driving record?			
If your driver's license has been revoked or suspended in the last 10 years, please explain why:			
Explain any restrictions on your license:			
List any recent moving traffic violations or accidents (last three years)			
Month/Year	Description of Violation or Accident		

DISCLAIMER AND SIGNATURE	
I certify that my answers 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 90 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 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 the 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 documents 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	Date