

# CAPITOL DISTRIBUTING, INC.

## EMPLOYMENT APPLICATION

INSTRUCTIONS: Please print, except for signature on the back of the application. Each question must be complete and accurately answered. If more room is needed, you may attach a separate piece of paper. All information disclosed on this application will be held in strict confidence.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
Street Number City State ZIP Code

Telephone Numbers: \_\_\_\_\_  
Day Evening

Position: \_\_\_\_\_ Date Available for Work? \_\_\_\_\_

### EMPLOYMENT RECORD

Current Employer: \_\_\_\_\_  
Name Address Telephone Number

Dates Employed: \_\_\_\_\_ Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Mo/Yr Mo/Yr Beginning Ending

Job Title and Duties: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

Current Employer: \_\_\_\_\_  
Name Address Telephone Number

Dates Employed: \_\_\_\_\_ Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Mo/Yr Mo/Yr Beginning Ending

Job Title and Duties: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

Current Employer: \_\_\_\_\_  
Name Address Telephone Number

Dates Employed: \_\_\_\_\_ Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Mo/Yr Mo/Yr Beginning Ending

Job Title and Duties: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

Explain periods of unemployment for two (2) weeks or more during the past five (5) years.

Period: \_\_\_\_\_ Explain: \_\_\_\_\_

Period: \_\_\_\_\_ Explain: \_\_\_\_\_

Period: \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been warned, disciplined, terminated, sued, or criminally charged with harassment, sexual harassment, assault, or violence in or out of the workplace?

No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense?

No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are you over 19 years of age? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you a citizen of the United States or do you have a valid work permit?

(Federal Law requires proof of identity and employment authorization for all new employees)

No: \_\_\_\_\_ Yes: \_\_\_\_\_

**For drivers only:** Do you have a valid Idaho State driver's license? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

## EDUCATION

Circle last year completed:

Elementary    5    6    7    8

High School    1    2    3    4

College    1    2    3    4

Other (Business, Vocational, Military)

School Name

Major Subject

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach copies of licenses and degrees.

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature

Date