



# BURKE DISTRIBUTING CORPORATION

## Application for Employment

*We seek to employ the best qualified individuals for our positions and provide equal opportunity for advancement to all employees in a manner that does not discriminate against any person because of race, gender, color, religion, sexual orientation, age national origin, marital status, disability, citizenship status, and any other characteristic protected by law.*

### BURKE DISTRIBUTING CORPORATION CONDUCTS PRE-EMPLOYMENT TESTING

(ALL SECTIONS MUST BE COMPLETED IN FULL EVEN IF A RESUME IS INCLUDED)  
(PLEASE PRINT CLEARLY)

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle Initial

Current Address \_\_\_\_\_  
No. Street City State Zip

How many years have you lived at this address? \_\_\_\_\_

Previous Address \_\_\_\_\_  
No. Street City State Zip

How long did you live there? \_\_\_\_\_

Telephone Number (day) \_\_\_\_\_ Telephone Number (evening) \_\_\_\_\_  
No. No.

Have you ever worked at Burke Distributing Corporation? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_

If you are hired, what date will you be available to start work? \_\_\_\_\_

Are you at least 18 years old? No \_\_\_ Yes \_\_\_ If yes, can you provide proof of age? No \_\_\_ Yes \_\_\_

If yes, can you provide proof of age? No \_\_\_ Yes \_\_\_

List any relatives working for Burke Distributing Corporation at this location:

Name	Relationship	Department
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Are you legally permitted or otherwise authorized to work in the United States? Yes \_\_\_ No \_\_\_

Positions applied for \_\_\_\_\_  
(Please specify)

### WORK SCHEDULE

Do you want to work: Full Time \_\_\_ Part Time \_\_\_ Seasonal \_\_\_

Can you work a flexible schedule? Yes \_\_\_ No \_\_\_ (Days scheduled and number of hours scheduled may be different each week.)

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**EMPLOYMENT RECORD**

Begin with your most recent employer, or present employer. Include any self-employed or unemployed periods. You must account for the past three (3) years or since completing school, whichever is shorter. You may include work performed on a volunteer basis.

**PRESENT OR LAST EMPLOYER**

COMPANY NAME: Tel. #	DATES EMPLOYED (Mo./Yr) From: To:	POSITION/TITLE:
Address:	Starting Rate of Pay:	Reason for Leaving: (Be specific)
Supervisor's Name and Title:	Late Rate of Pay:	
Responsibilities:		
COMPANY NAME: Tel. #	DATES EMPLOYED (Mo./Yr) From: To:	POSITION/TITLE:
Address:	Starting Rate of Pay:	Reason for Leaving: (Be specific)
Supervisor's Name and Title:	Late Rate of Pay:	
Responsibilities:		
COMPANY NAME: Tel. #	DATES EMPLOYED (Mo./Yr) From: To:	POSITION/TITLE:
Address:	Starting Rate of Pay:	Reason for Leaving: (Be specific)
Supervisor's Name and Title:	Late Rate of Pay:	
Responsibilities:		

Are you currently employed? Yes \_\_\_ No \_\_\_ Temporary Layoff \_\_\_ Permanent Layoff \_\_\_

May we contact all the employers listed above: Yes \_\_\_ No \_\_\_

If not, which ones should we not contact and why? \_\_\_\_\_

Have you ever been terminated or asked to resign from any job? Yes \_\_\_ No \_\_\_

If yes, please explain circumstances: \_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_

**MILITARY SERVICE**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Rank at Discharge \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School Name or GED	Address
Course or Major	Graduated Yes ___ No ___ or currently attending Yes ___ No ___

College Name	Address
Course or Major	Graduated Yes ___ No ___ Degree _____ or currently attending Yes ___ No ___

Other School Attended	Address
Course or Major	Graduated Yes ___ No ___ Degree _____ or currently attending Yes ___ No ___

Do you have any skills or qualifications which you feel would be helpful in working for Burke Distributing Corporation? \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

Burke Distributing Corporation sets high standards for its employees. Compliance with these standards is a Condition of Employment. You need to carefully consider these requirements before accepting a position with us. As an employee, you will be expected to comply fully with these work standards as well as other work rules which will be described in full if you are hired.

CUSTOMER SERVICE
<ul style="list-style-type: none"> <li>Treat customers with an exceptionally friendly attitude at <u>all</u> time and under <u>all</u> circumstances.</li> </ul>
CORE VALUES
<ul style="list-style-type: none"> <li>Trust</li> <li>Responsibility</li> <li>Leadership</li> <li>Teamwork</li> <li>Enthusiasm</li> </ul>

ATTENDANCE/PUNCTUALITY
<ul style="list-style-type: none"> <li>Always report to work when scheduled and on time.</li> <li>Call your supervisor before your scheduled shift when sick.</li> </ul>
PERSONAL APPEARANCE
<ul style="list-style-type: none"> <li>Maintain a business-like, professional appearance (dress and grooming) according to our dress code.</li> </ul>

Would you be able to comply with all the requirements as listed above? Yes \_\_\_ No \_\_\_  
If no, or if you have concerns about being able to comply with any of these requirements, please explain:

\_\_\_\_\_

How were you referred to Burke Distributing Corporation?

- ( ) Walk-in \_\_\_\_\_ ( ) Newspaper \_\_\_\_\_
- ( ) Agency \_\_\_\_\_ ( ) School \_\_\_\_\_
- ( ) Internet \_\_\_\_\_ ( ) Associate referral \_\_\_\_\_
- ( ) Other \_\_\_\_\_

**ACKNOWLEDGEMENTS AND AGREEMENTS**

I acknowledge that from time to time Burke Distributing Corporation may be required to submit certain information with regard to my employment or application for employment. I hereby release the Company, its agents, assigned and subsidiaries from any liability resulting from submitting such information.

I understand that if I am employed by Burke Distributing Corporation, my employment will be on an at-will basis unless otherwise provided by an applicable collective bargaining agreement. As an at-will employee, I understand that Burke Distributing Corporation may terminate my employment at any time for any reason or no reason.

I acknowledge that Burke Distributing Corporation requires pre-employment testing including drug, strength and physical. I consent and agree to any such exam. I consent and agree to drug testing, if required by law or statute, now or in the future.

I understand that pre-employment drug testing is required and satisfactory result is a condition of employment with Burke Distributing Corporation.

I hereby certify that all statements and answers made on this employment application are complete and true. I understand that if, subsequent to employment, any statements and/or answers are found to be false, or information is omitted, such false statement or omissions will be considered grounds for termination of my employment.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**For Office Use Only**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Location # \_\_\_\_\_

PET Result \_\_\_\_\_

PIN # \_\_\_\_\_

Rate \_\_\_\_\_

Position Offered \_\_\_\_\_

Date Notified \_\_\_\_\_

Date Started \_\_\_\_\_

Department \_\_\_\_\_