

# NRF

## DISTRIBUTORS INC.

P.O. Box 2467 • Old Belgrade Road • Augusta, ME • 04338-2467

NRF Distributors Inc provides employment, training, compensation, promotion, and other conditions of employment without discrimination based on race, color, religion, national origin, sexual orientation, sex, age, physical or mental disability in accordance with State and Federal Law.

# APPLICATION FOR EMPLOYMENT

## an Equal Opportunity Employer

**NOTICE:** Applications will be kept active for 90 days. Anyone wishing to be considered for employment after 90 days will have to reapply.

<b>PLEASE PRINT CLEARLY - USE BLACK INK ONLY</b>				DATE _____	
LAST NAME _____		FIRST NAME _____		MIDDLE NAME _____	
ADDRESS _____		CITY _____		STATE _____	ZIP _____
TELEPHONE NUMBER _____		CELL PHONE (optional) _____		IF UNDER 18 YRS. PROVIDE DATE OF BIRTH: _____	
HAVE YOU PREVIOUSLY APPLIED? PREVIOUSLY WORKED AT NRF?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		POSITION DESIRED _____	
DATE AVAILABLE _____		WAGES OR SALARY EXPECTED \$ _____		<input type="checkbox"/> PER HOUR <input type="checkbox"/> PER WEEK	
HOURS AVAILABLE		SUN _____ TO _____	MON _____ TO _____		
		TUE _____ TO _____	WED _____ TO _____		
THU _____ TO _____		FRI _____ TO _____	SAT _____ TO _____		
EDUCATION	GRADE SCHOOL	HIGH SCHOOL	COLLEGE	GRAD. SCHOOL	
CIRCLE HIGHEST GRADE COMPLETED	1 2 3 4 5 6 7 8	1 2 3 4 DIPLOMA _____	1 2 3 4 DEGREE _____	1 2 3 4 DEGREE _____	
OTHER SCHOOLS	NAME	STUDY	LENGTH ATTENDED		
MILITARY	BRANCH	DATE ENTERED	DATE DISCHARGED	FINAL RANK	TYPE OF DISCHARGE
TYPE OF TRAINING WHILE IN SERVICE _____					
WHO REFERED YOU TO NRF DISTRIBUTORS?	<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIEND: _____ <input type="checkbox"/> COLLEGE PLACEMENT <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER: _____				
CITIZENSHIP	ARE YOU ELIGIBLE TO BE LAWFULLY EMPLOYED IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.				
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO An affirmative response will not automatically disqualify you from being considered for employment.					
If yes, describe: _____					
_____					
_____					

## ADDITIONAL INFORMATION

**OTHER QUALIFICATIONS:** SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

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## SPECIALIZED SKILLS

### CHECK COMPUTER/ SOFTWARE SKILLS / EQUIPMENT OPERATED

**PC**

- WORD     EXCEL
- POWERPOINT
- ACCESS
- OUTLOOK EXPRESS
- WEB BROWSER
- ADOBE ACROBAT

**OTHER SOFTWARE EXPERIENCE**

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**OFFICE EQUIPMENT EXPERIENCE**

- COPIERS/LASER PRINTERS
- FAX MACHINE
- CALCULATOR
- OTHER \_\_\_\_\_
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## ALL PAST EMPLOYMENT - LAST 10 YEARS (STARTING WITH THE LAST ONE FIRST).

PRESENT OR MOST RECENT EMPLOYER:

ADDRESS:

STARTING DATE	LEAVING DATE	WEEKLY SALARY
POSITION HELD	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO FAILURE MAY RESULT IN DISQUALIFICATION OF APPLICATION	
NAME AND TITLE OF SUPERVISOR		PHONE # (MUST PROVIDE)
REASON FOR LEAVING		

EMPLOYER:

ADDRESS:

STARTING DATE	LEAVING DATE	WEEKLY SALARY
POSITION HELD		
NAME AND TITLE OF SUPERVISOR		PHONE # (MUST PROVIDE)
REASON FOR LEAVING		

EMPLOYER:		
ADDRESS:		
STARTING DATE	LEAVING DATE	WEEKLY SALARY
POSITION HELD		
NAME AND TITLE OF SUPERVISOR		PHONE # (must provide)
REASON FOR LEAVING		

EMPLOYER:		
ADDRESS:		
STARTING DATE	LEAVING DATE	WEEKLY SALARY
POSITION HELD		
NAME AND TITLE OF SUPERVISOR		PHONE # (must provide)
REASON FOR LEAVING		

EMPLOYER:		
ADDRESS:		
STARTING DATE	LEAVING DATE	WEEKLY SALARY
POSITION HELD		
NAME AND TITLE OF SUPERVISOR		PHONE # (must provide)
REASON FOR LEAVING		

EMPLOYER:		
ADDRESS:		
STARTING DATE	LEAVING DATE	WEEKLY SALARY
POSITION HELD		
NAME AND TITLE OF SUPERVISOR		PHONE # (must provide)
REASON FOR LEAVING		

