

NRF

DISTRIBUTORS INC.

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

WAREHOUSE EMPLOYMENT APPLICATION

an Equal Opportunity Employer

NRF Distributors Inc provides employment, training, compensation, promotion, and other conditions of employment without regard to race, religion, national origin, sex, age, physical or mental disability in accordance with State and Federal Law.

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

PLEASE PRINT CLEARLY - USE BLACK INK ONLY				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: _____				
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: _____ _____ _____					

Any offer of employment is conditional upon an applicant's passing a pre-employment physical examination.

EXPERIENCE	DATES	WHERE	TYPE
WAREHOUSING	_____	_____	_____
DRIVING A/B	_____	_____	_____
GROUNDS WORK	_____	_____	_____
COMPUTERS	_____	_____	_____
SUPERVISORY	_____	_____	_____

EQUIPMENT EXPERIENCE	DATES OF OPERATION		EXPERIENCE LEVEL (please circle)		
	EQUIPMENT TYPE	From	To	AVERAGE	VERY GOOD
FORKLIFT*	_____	_____	AVERAGE	VERY GOOD	SUPERIOR
ORDER PICKER	_____	_____	AVERAGE	VERY GOOD	SUPERIOR
POLE TRUCK	_____	_____	AVERAGE	VERY GOOD	SUPERIOR
STRAIGHT TRUCK	_____	_____	AVERAGE	VERY GOOD	SUPERIOR
OTHER	_____	_____	AVERAGE	VERY GOOD	SUPERIOR

*I have been fork lift certified in accordance with OSHA Regulations: YES NO

AWARDS YOU NOW HOLD and FROM WHOM

SAFETY _____

ATTENDANCE _____

OTHER _____

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	
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		

