



# Manufacturers Distributor, Inc.

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ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS

POSITION SOUGHT: \_\_\_\_\_

HOW DID YOU LEARN ABOUT THE POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

DATE AVAILABLE TO BEGIN WORK: \_\_\_\_\_ DESIRED WAGE/SALARY: \$ \_\_\_\_\_

ARE YOU A U.S. CITIZEN, OR ARE YOU OTHERWISE AUTHORIZED TO WORK IN THE U.S. WITHOUT ANY RESTRICTIONS?  YES  NO

HAVE YOU EVER BEEN CONVICED OF A FELONY?  YES  NO

IF YES, PLEASE DESCRIBE CIRCUMSTANCES: \_\_\_\_\_

HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED OR ASKED TO RESIGN FROM ANY POSITION OF EMPLOYMENT?  YES  NO

IF YES, PLEASE DESCRIBE CIRCUMSTANCES: \_\_\_\_\_

IF SELECTED FOR EMPLOYMENT, ARE YOU WILLING TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREENING TEST?  YES  NO

### EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DEGREE RECEIVED	MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				
OTHER TRAINING, CERTIFICATIONS, SKILLS, OR LICENSES HELD				

LIST OTHER INFORMATION PERTINENT TO THE EMPLOYMENT YOU ARE SEEKING:

**EMPLOYMENT**

*(MOST RECENT FIRST)*

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_

PRIOR POSITION HELD (IF ANY): \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_

PRIOR POSITION HELD (IF ANY): \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_

PRIOR POSITION HELD (IF ANY): \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES**

LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NO.	YEARS AQUAINTED

**SERVICE RECORD**

SERVICE BRANCH: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_ RANK: \_\_\_\_\_  
PRESENT MEMBERSHIP IN NATIONAL \_\_\_\_\_ DATE OBLIGATION \_\_\_\_\_  
GUARD OR RESERVES: \_\_\_\_\_ ENDS: \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. I HEREBY 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 EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. I ALSO UNDERSTAND AND AGREE THAT MY POSITION WITH THIS ORGANIZATION MAY CHANGE WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE BY THIS ORGANIZATION. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 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.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE