



Kohler Distributing Company
150 Wagaraw Road
Hawthorne, NJ 07506

APPLICATION FOR EMPLOYMENT

Kohler Distributing Company is an Equal Opportunity Employer

Please fill in this application completely and truthfully. Any information that has been deemed inaccurate or false will disqualify your eligibility and/or employment.

Date of Application: _____

Name: _____
Last First Middle

Social Security No.
_____ - _____ - _____

Address: _____
Street City State Zip code

How long have you lived at this address? Years _____ Months _____

Previous Address: _____
(Fill in only if you've lived less than 5 years at your current address)

Telephone #: () _____ E-mail Address: _____
Cellular or Other #: () _____

Position(s) applying for: _____

Type of Desired Employment? Full Time _____ Part Time _____ Seasonal _____ Temp. _____

Are you at least 18 years of age? Yes _____ No _____

Have you submitted an application here before? Yes _____ No _____

Have you ever been employed by Kohler Distributing Co.? Yes _____ No _____

If Yes, please provide the dates: From: _____ To: _____

If hired, can you furnish proof of employment eligibility? Yes _____ No _____

Date available for hire? _____

Will you relocate if the position requires it? Yes _____ No _____

Will you travel if the position requires it? Yes _____ No _____

Are you available to work overtime? Yes _____ No _____

Do you have any criminal charges except minor traffic offenses pending against you? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Charge? _____

If yes, please explain if you are in possession of or have applied for a New Jersey State A.B.C. Petition Removal of Criminal Disqualification OR Rehabilitation Removal Permit.

Referral Source

Walk - in _____	Which one? _____
Advertisement _____	Which one? _____
Agency _____	_____
Company Website _____	_____
Employee _____	Employee Name: _____

Educational Background

Starting with your most recent school attended, provide the following information.

Name and Location of Institution	Course of Study	Did you graduate?	Degree/Diploma/ Certificate

Skills and Qualifications

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Indicate which software titles and years of experience.)

Word Processing _____	Years: _____
Spreadsheet _____	Years: _____
Presentation _____	Years: _____
E-mail _____	Years: _____
Internet _____	Years: _____
Other _____	Years: _____
Other _____	Years: _____

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone
			()
			()
			()

Employment History

Please provide work history starting with your most recent position.

Name of Employer	From (month/year)	To (month/year)
Street	Job Duties	
City and State	Zip code	Job Duties
Job Title	Job Duties	
Supervisor, title, and telephone number(most recent position)	Reason for leaving	May we contact? Yes ___ No ___
Name of Employer	From (month/year)	To (month/year)
Street	Job Duties	
City and State	Zip code	Job Duties
Job Title	Job Duties	
Supervisor, title, and telephone number(most recent position)	Reason for leaving	May we contact? Yes ___ No ___
Name of Employer	From (month/year)	To (month/year)
Street	Job Duties	
City and State	Zip code	Job Duties
Job Title	Job Duties	
Supervisor, title, and telephone number(most recent position)	Reason for leaving	May we contact? Yes ___ No ___
Name of Employer	From (month/year)	To (month/year)
Street	Job Duties	
City and State	Zip code	Job Duties
Job Title	Job Duties	
Supervisor, title, and telephone number(most recent position)	Reason for leaving	May we contact? Yes ___ No ___

Employment History (continued)

Explain any gaps in your employment other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes _____ No _____

If yes, please explain: _____

Driver's License Information

(Only to be filled out by applicants who will be driving on Company business)

Driver's license number _____
State Issued _____
Expiration Date _____

Pre-Employment Agreement

I certify that all information I have provided in order to apply for and secure work with Kohler Distributing Company is true, complete, and correct. I am aware that any omission or misrepresentation of the facts by me will be grounds for my immediate dismissal should I be hired.

I have read and understand that I may be subject to a background investigation as part of my application to Kohler Distributing Company. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to verify the accuracy of the information provided by me in this application, resume or job interview. The investigator and any person or entity contacted is released and held harmless based on information provided and any decision made from such information obtained.

I understand that as a condition of my employment, I will be required to successfully pass a drug screen and possibly other pre-hire examinations. I agree to release Kohler Distributing Company, its employees, and agents from any claims arising out of any tests Kohler Distributing Company may require and damages that I may suffer.

If hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Kohler Distributing Company reserves the same right at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Company is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the Company's President.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration law require me to complete an I-9 Form in this regard. All required documentation is due no later than 3 days after the date of hire or be subject to immediate suspension and/or termination.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE PRE-EMPLOYMENT AGREEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Pre-Employment Agreement.

Applicant Name (Printed) _____

Applicant Signature _____

Date _____

Pre-Offer Acknowledgement

I acknowledge that as a condition of employment, I must partake in a physical fitness test. I also understand that I will be required to take a drug test once an offer of employment has been made. In order to be eligible, I must successfully pass both forms of testing. Failure to do so will be grounds for the Company to revoke their offer of employment.

Print Name

Signature of Applicant

Date



The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

Last Name: _____ First Name: _____

Middle Initial: _____ (Optional) Social Security Number: _____

Gender: Please place a check next to the appropriate category.

MALE FEMALE Self Identify: _____

Race/Ethnicity: Please check one.

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

Veteran Status: Check all that apply.

- I am a disabled veteran.†
- I am a recently separated veteran.† Date of discharge (MM/DD/YY) _____
- I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).

Disability

- I am an individual with a disability.*
- I have received the form and decline to provide the requested information.

* Categories consistent with 41 C.F.R. §60-300 & Form VETS-100A

† If you need a definition of these terms, please see below.

SELF-IDENTIFICATION FORM DEFINITIONS

1. The term "Disabled Veteran" means –
 - A. a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability; or
 - B. a person who was discharged or released from active duty because of a service-connected disability.
2. The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty.
3. An "individual with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment