

REDDING DISTRIBUTING COMPANY

EMPLOYMENT APPLICATION

An Affirmative Action & Equal Opportunity Employer
Application is good for 90 days

Please Print

Date Last Name First Name Middle

Present Address

No & Street City State Zip

Permanent Address (If different from present address)

No & Street City State Zip

(____)____-_____
Home Phone

(____)____-_____
Cell or Message Phone (Optional)

Employment Desired

Position applying for _____

Personal Information

Have you ever applied to or worked for Redding Distributing Company before? ____ Yes ____ No

If yes, when _____

Do you have any friends or relatives working for Redding Distributing Company? ____ Yes ____ No

If yes, state name(s) and relationship:

Name Relationship

Why are you applying for work at Redding Distributing Company? _____

If hired would you have a reliable means of transportation to and from work? ____ Yes ____ No

Are you at least 18 years old? (If under 18, hire is subject to verification that
You are of minimum legal age) ____ Yes ____ No

If hired, can you present evidence of your U.S. citizenship or proof of your
legal right to live and work in this country? ____ Yes ____ No

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Are you able to perform the essential functions of the job for which you are applying? _____ Yes _____ No

Either with or without reasonable accommodations? _____ Yes _____ No

If no, describe the functions that cannot be performed. _____

(Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? _____ Yes _____ No
(Convictions for marijuana-related offenses that are more than two years old need not be listed)

If yes, state nature of crime(s). When and where convicted, and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances of the offense to the position(s) applied for may, however be considered.)

Education, Training and Experience

School name and Address	# of years Completed	did you Graduate	Degree or Diploma
High School Name _____ Address _____ City _____ State _____ Zip _____	_____	_____	_____

College/ University Name _____ Address _____ City _____ State _____ Zip _____	_____	_____	_____
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Vocational/ Business Training Name _____ Address _____ City _____ State _____ Zip _____	_____	_____	_____
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Other Name _____ Address _____ City _____ State _____ Zip _____	_____	_____	_____
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Answer the following questions if you are applying for a position that requires you to drive a company vehicle:

Driver's License# _____ Issuing State _____ Class _____

Has your license ever been revoked or suspended? _____ yes _____ No

If yes state reason(s) date revocation or suspension and reinstatement _____

NOTE: MUST ATTACH A CURRENT DMV DRIVING RECORD

Employment History

List Below all present and past employment starting with your most recent employer (last seven years is sufficient)
Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____	(____) ____ - _____
Name of Employer	Telephone Number
_____	_____
Type of Business	Your supervisor's Name
_____	_____
Address & street	City St Zip
Dates of employment _____	Weekly pay: Start _____ Ending _____
From To	
Your Position & Duties _____	
Reason for leaving _____	
May we contact this employer for a reference? _____	yes _____ No

_____	(____) ____ - _____
Name of Employer	Telephone Number
_____	_____
Type of Business	Your supervisor's Name
_____	_____
Address & street	City St Zip
Dates of employment _____	Weekly pay: Start _____ Ending _____
From To	
Your Position & Duties _____	
Reason for leaving _____	
May we contact this employer for a reference? _____	yes _____ No

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REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

1. _____ (____)____-_____
First Name Last Name Telephone Number

Address & street City St Zip

Occupation Number of years Acquainted

2. _____ (____)____-_____
First Name Last Name Telephone Number

Address & street City St Zip

Occupation Number of years Acquainted

3. _____ (____)____-_____
First Name Last Name Telephone Number

Address & street City St Zip

Occupation Number of years Acquainted
