## WEAVER DISTRIBUTORS, INC. Application MUST be hand delivered to Location Manager for location employment is requested!

Programs services and employment are equally available to everyone. Please inform Management if you require reasonable accommodation for the application or interview.

Application Date:		Date of Interview (Completed by management):						
How were you referred	Position Applied for:							
Full Name:								
Address:	City:				State:	Zip:		
Phone:	Cell/Other:				Email:			
Date Available to Start:	Social Security	y Number:	-	-	Salary Req	uirements:		
If you are under 18 years of a	ge, can you provide a	work permit?	Yes	No	If no, pleas	e explain:		
Have you ever worked for thi	s company? Yes	No If yes	when?					
Have you ever applied for a p								
Are you a citizen of the Unit	ed States? Yes No If	f no, are you le	egally al	llowed 1	o work in the	e United States? Yes N	lo	
Type of employ	ment desired:	Full-Time	Part-T	ime	Temporary	Seasonal		
Have you ever pleaded guilty	, no contest or been co	onvicted of a c	rime?	Yes	No If y	ves, give dates and detai	<u>ls:</u>	
Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.								
Drivers license number (if applicable for position):								
Do you currently have any poi	nts/violations on MVF	R from state in	which	you hol	d a valid Driv	vers License? Yes No		
High School Attended:		School Graduation?	Yes	No	If no, anyth	ning equivalent:		
Any Further Schooling or Tra	ining:				· · ·			
	mmarize your S	Special Ski	ills or	Qual	ifications	<u>5</u>		

## **<u>Previous Employment (begin with most recent position)</u>**

Dates of Employment:	From://	To://	Position(s)	Held:			
Company Name:	Address:						
<u>City:</u>	State:		Zip:				
Phone:	Supervisor:		Title	2:			
Responsibilities:							
Starting Salary and Title:	Ending Salary and Title:						
Reason for Leaving:	May we contact this em	nplover for a referen	ce? Yes	No			
Dates of Employment:	-			Held:			
Company Name:	Address:						
<u>City:</u>	State:		Zip:				
Phone:	Supervisor:		Title	2:			
Responsibilities:							
Starting Salary and Title:	Ending Salary and Title:						
Reason for Leaving:	May we contact this em	ployer for a referen	ice? Yes	No			
Dates of Employment:	From://	To://	Position(s)	Held:			
Company Name:	Address:						
<u>City:</u>	State:		Zip:				
Phone:	Supervisor:		Title	2:			
Responsibilities:							
Starting Salary and Title:	Ending Salary and Title:						
Reason for Leaving:	May we contact this em	ployer for a referen	ice? Yes	No			
employment, education, financial ar	he and complete to the best of my nd other related matters as may be from all liability when respond	knowledge. I authorize y e necessary for an employed ding to inquiries in connect	ou to make such inv ment decision. I her tion with my application	estigation and inquiries of my personal, by release employers, schools or individuals ation. nterview(s) may result in discharge.			
Signature of Applicant:	: Date:						