

**MORREY DISTRIBUTING COMPANY  
EMPLOYMENT APPLICATION**



Morrey Distributing Company is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, sex, age, national origin, sexual orientation, gender identity or expression, marital status, veteran or military status, disability, genetic information, or any other characteristic protected under state or federal law.

APPLICANT INFORMATION										
Last Name					First				Middle Initial	
Street Address							Apartment/Unit #			
City					State				ZIP	
Phone					E-mail Address					
Date Available					Position Applying for					
Are you able to perform the essential functions of this position, with or without reasonable accommodation?									YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to work any shift, including weekends?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to work overtime?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you legally authorized to work in the United States?									YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							

EMPLOYMENT HISTORY Please list your most recent employer first, including U.S. Military Service.										
Company					Phone Number					
Address					Supervisor					
Job Title										
Responsibilities										
From				To				Reason for Leaving		
May we contact your previous supervisor for a reference?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone Number					
Address					Supervisor					
Job Title										
Responsibilities										
From				To				Reason for Leaving		
May we contact your previous supervisor for a reference?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		

<b>EMPLOYMENT HISTORY (CONTINUED)</b>					
Company				Phone Number	
Address				Supervisor	
Job Title					
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone Number	
Address				Supervisor	
Job Title					
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone Number	
Address				Supervisor	
Job Title					
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>GENERAL EMPLOYMENT INFORMATION</b>						
Have you ever been discharged or asked to resign from a job?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain						
Have you worked under any other names?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name(s):			

GENERAL EMPLOYMENT INFORMATION (CONTINUED)						
Have you ever been convicted of a crime? (Do not include traffic tickets)					YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain	Charge:		Date:		Disposition:	
	Charge:		Date:		Disposition:	

(Note: Conviction of a crime(s) will not necessarily disqualify you from employment.)

EDUCATION Please indicate education or training which you believe qualifies you for the position you are seeking.					
School	Name of School	Graduated		Major / Courses Taken	Degree
		Yes	No		
<input type="checkbox"/> High School		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> College		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Graduate School		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Trade or Business		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Trade or Business		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Certification		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Certification		<input type="checkbox"/>	<input type="checkbox"/>		

PROFESSIONAL REFERENCES List at least three professional references.			
Full Name		Relationship	
Company		Phone	
Address		Email	
Full Name		Relationship	
Company		Phone	
Address		Email	
Full Name		Relationship	
Company		Phone	
Address		Email	
Full Name		Relationship	
Company		Phone	
Address		Email	

**APPLICANT CERTIFICATION & AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Morrey Distributing Company to verify its accuracy and to obtain reference information on my work performance. I hereby release Morrey Distributing Company from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision made on such information.

I understand that, if employed, falsified statement of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, procedures, rules, and regulations of employment of Morrey Distributing Company. However, I further understand that neither the policies, procedures, rules, and regulations of employment or anything during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Morrey Distributing Company may terminate my employment at any time, with or without notice or cause.

I understand that Morrey Distributing Company has a drug-free workplace program. If I am offered a conditional offer of employment, I agree to work under the conditions requiring a drug-free workplace, including being subject to pre-employment drug testing. I also understand and agree that I am be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol and/or drugs as a condition of continued at-will employment. I also agree to undergo random, reasonable suspicion, post-accident, and as applicable, return to duty and follow-up testing. Refusal to take such tests when asked may result in termination.

<b>Signature</b>		<b>Date</b>	
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