

# VARIETY WHOLESALERS, INC.

its Subsidiaries and Affiliates

## APPLICATION FOR EMPLOYMENT

Please Read Before Filling Out This Application  
An Equal Opportunity Employer

This Company does not discriminate in hiring or employment on the basis of race, color, sex, religion, national origin, marital status, veterans status, or on the basis of age, handicap or disability. No question on this application is intended to secure information to be used for such discrimination. We advise that we intend to check and hold you responsible for the accuracy of the statements you make on this application.

Applicants are advised that prior to employment the Company may screen you for drugs and alcohol. The passing of the test will be a condition of employment. If employed, the Company may request a drug or alcohol test from you in the future.

### PERSONAL DATA

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone No. \_\_\_\_\_

Person to be notified in case of accident or emergency:

\_\_\_\_\_  
(Name) (Address) (Phone) (Relationship)

Are You? Under 16 \_\_\_\_\_ 16-17 \_\_\_\_\_ Over 18 \_\_\_\_\_ (Check one)

Have you used any names or social security numbers other than those listed above? \_\_\_\_\_ If so, please list: \_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT DESIRED

Job Applied For \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you available to work? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (Part-Time Hours \_\_\_\_\_)

Have you ever applied here before? \_\_\_\_\_ When? \_\_\_\_\_ Were you ever employed before by our company? \_\_\_\_\_

## WORK HISTORY

List all jobs held. Start with Present or Last Job.  
Include part-time jobs. Use additional paper, if needed.

<b>Employer</b>	<b>DATES</b>		<b>Work Performed</b>
	From	To	
Address	Mo./Yr.	Mo./Yr.	
Job Title	<b>Hrly. Rate/Salary</b>		
Supervisor	Starting	Final	
Reason for Leaving			
<b>Employer</b>	<b>DATES</b>		<b>Work Performed</b>
	From	To	
Address	Mo./Yr.	Mo./Yr.	
Job Title	<b>Hrly. Rate/Salary</b>		
Supervisor	Starting	Final	
Reason for Leaving			
<b>Employer</b>	<b>DATES</b>		<b>Work Performed</b>
	From	To	
Address	Mo./Yr.	Mo./Yr.	
Job Title	<b>Hrly. Rate/Salary</b>		
Supervisor	Starting	Final	
Reason for Leaving			
<b>Employer</b>	<b>DATES</b>		<b>Work Performed</b>
	From	To	
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Job Title	<b>Hrly. Rate/Salary</b>		
Supervisor	Starting	Final	
Reason for Leaving			
<b>Employer</b>	<b>DATES</b>		<b>Work Performed</b>
	From	To	
Address	Mo./Yr.	Mo./Yr.	
Job Title	<b>Hrly. Rate/Salary</b>		
Supervisor	Starting	Final	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper

**Summarize Special Skills and Qualifications Acquired From Employment Or Other Experience** \_\_\_\_\_

## MILITARY SERVICE

Have you ever served in the U.S. Armed Forces?    Yes \_\_\_\_\_ No \_\_\_\_\_    If "yes", complete.

Branch of Service \_\_\_\_\_ Active Duty:    From \_\_\_\_\_ To \_\_\_\_\_

Are you a member of a Reserve organization?    Yes \_\_\_\_\_ No \_\_\_\_\_

## EDUCATION AND TRAINING

Name of School	Address: City State	Major Subject	Circle Last Year Completed	Graduated
Grammar			5 6 7 8	
High			1 2 3 4	
College			1 2 3 4	
Trade/Business			1 2 3 4	

List any special training, skills or experience you feel qualify you for a position with this Company. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SKILLS: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_ Cash Register \_\_\_\_\_ Other \_\_\_\_\_

If you are an experience operator of any business/plant machines or equipment, please list. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## OTHER

Have you been convicted of a crime other than minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe below:

	Incident Date	City/State	Charge
1.	_____	_____	_____
2.	_____	_____	_____

If others, list on a separate sheet.

Are you related by blood or marriage to any person now employed here? If "yes", give name and relationship. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been dismissed or forced to resign from any position? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", give complete details.  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you on Lay-Off and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if a job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you licensed to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", give

License No. \_\_\_\_\_ and State \_\_\_\_\_

## REFERENCES

Give three references, not relatives or former employees.

Name	Address	Phone	Occupation

## AFFIDAVIT

I authorize without liability investigation of all statements in this application. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the Company any knowledge or information hereby acquired.

I understand the Company may investigate my background, my employment history and my credit history. I authorize such investigations.

I authorize all schools which I attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me and I hereby release them and the Company from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish the Company with information used in connection with the evaluation of my qualifications as a prospective employee. I also authorize the making of a credit bureau investigation report whereby information may be obtained concerning my character, general reputation, personal characteristics and mode of living, whichever may be applicable.

I understand that in the event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

## EMPLOYMENT AGREEMENT

Employer hereby agrees to employ the undersigned as \_\_\_\_\_

at an initial rate of \$ \_\_\_\_\_ per \_\_\_\_\_

In consideration for said employment, Employee acknowledges and understands that his or her employment relationship with the Company is "at will," which means that the Employee may resign at any time and the Company may discharge the Employee at any time, with or without cause, and without prior notice. Employee further understands 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 officer of the company.

Employee agrees to abide by all Company policies; regulations, and directives, including the Company's work safety rules. Employee understands that a violation of the Company's work safety rules is grounds for immediate dismissal.

It is the practice of the Company to establish a 'period of 90 days' probation for each new or rehired hourly and salaried employee.

Management may terminate a probationary employee at any time during the 90-day period.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Employee

\_\_\_\_\_ Employer's Authorized Agent