



Outdoor Products

Power Equipment

Parts, Sales, Service

EMPLOYMENT APPLICATION

NHC DISTRIBUTORS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY. WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN OR VETERAN STATUS.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

NAME (LAST, FIRST, MIDDLE) _____ NAME CALLED BY _____ DATE APPLICATION COMPLETED _____

STREET ADDRESS _____ YEARS AT THIS ADDRESS _____

CITY _____ STATE _____ ZIP _____ TEL. NO. _____ SOCIAL SECURITY NO. _____
()

		HOW LONG
LIST PRIOR ADDRESSES OVER PAST FIVE YEARS IN REVERSE ORDER	1	_____
	2	_____
	3	_____
	4	_____

HAVE YOU BEEN EMPLOYED PREVIOUSLY BY NHC DISTRIBUTORS, INC. YES NO IF YES, WHEN AND WHERE

DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.? YES NO IF NO, EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, EXPLAIN

	NAME	RELATIONSHIP	LOCATION
RELATIVES AND/OR ACQUANTANCES EMPLOYED BY NHC DISTRIBUTORS	_____		

TYPE OF FUNCTION DESIRED _____

EDUCATION

TYPE OF SCHOOL*	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	MAJOR SUBJECTS STUDIED	MARK LAST YR COMPLETED	NO. OF CREDIT HRS COMPLETED	GRADUATE? YES/NO	DEGREE RECEIVED (TYPE)	CLASS STANDING (Mark One)
HIGH SCHOOL	FROM			1 2 3 4	QTR SEM HRS HRS			Top 10%
	TO							Top 25%
								Top 50%
								Bottom 50%
COLLEGE*	FROM			1 2 3 4	QTR SEM HRS HRS			Top 10%
	TO							Top 25%
								Top 50%
								Bottom 50%

*(INDICATE IF ATTENDANCE FULL OR PART TIME. WERE CLASSES DAY, EVENING OR CORRESPONDENCE?)

HOW WERE COLLEGE TUITION AND LIVING EXPENSES FINANCED?

ADDITIONAL COURSES OR GRADUATE STUDIES

EXTRACURRICULAR ACTIVITIES AND HONORS (DO NOT INCLUDE RACIAL, RELIGIOUS, OR NATIONALITY GROUPS)

IN HIGH SCHOOL

IN COLLEGE

OFFICES HELD

OFFICES HELD

WORK EXPERIENCE
(START WITH PRESENT POSITION AND WORK BACK)

FIRM NAME	TYPE OF BUSINESS
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ADDRESS	CITY	STATE	ZIP	PHONE
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IMMEDIATE SUPERVISOR	TITLE	PHONE ()
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DATE	SALARY		POSITION TITLE	DEPARTMENT
	MONTHLY	ANNUAL		
STARTING				
FINAL/PRESENT				

EXPLAIN IN DETAIL PRESENT DUTIES

WHAT DO YOU MOST ENJOY?	WHAT DO YOU LEAST ENJOY?
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IF LEAVING PRESENT JOB, EXPLAIN

FIRM NAME	TYPE OF BUSINESS
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ADDRESS	CITY	STATE	ZIP	PHONE
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IMMEDIATE SUPERVISOR	TITLE	PHONE ()
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DATE	SALARY		POSITION TITLE	DEPARTMENT
	MONTHLY	ANNUAL		
STARTING				
FINAL				

DUTIES

WHAT DID YOU MOST ENJOY?	WHAT DID YOU LEAST ENJOY?
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WORK EXPERIENCE (cont.)

WHAT WERE YOUR REASONS FOR LEAVING?

FIRM NAME

TYPE OF BUSINESS

ADDRESS

CITY

STATE

ZIP

PHONE

IMMEDIATE SUPERVISOR

TITLE

PHONE
()

DATE	SALARY		POSITION TITLE	DEPARTMENT
	MONTHLY	ANNUAL		
STARTING				
FINAL				

DUTIES

WHAT DID YOU MOST ENJOY?

WHAT DID YOU LEAST ENJOY?

WHAT WERE YOUR REASONS FOR LEAVING?

OTHER POSITIONS HELD (INCLUDE SUMMER WORK DURING SCHOOL)

NAME OF COMPANY	POSITION	DATES OF EMPLOYMENT	SALARY	REASON FOR LEAVING

ADDITIONAL COMMENTS ABOUT POSITIONS HELD

MAY WE CONTACT YOUR
PRESENT EMPLOYER?

YES

NO

MAY WE CONTACT YOUR
PREVIOUS EMPLOYER(S)

YES

NO

ACCOUNT FOR YOUR TIME DURING ANY INTERVALS OF UNEMPLOYMENT

DATES MO AND YR	EXPLAIN
FROM _____ TO _____	_____
FROM _____ TO _____	_____

ADDITIONAL INFORMATION

WHAT ARE YOUR PLANS FOR THE FUTURE?

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS THAT YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR COMPANY?

WHAT LIMITATIONS ARE THERE ON YOUR TRAVEL? WHAT IS YOUR APPROXIMATE SALARY REQUIREMENT PER MONTH? \$

BUSINESS/PERSONAL REFERENCES

NAME	OCCUPATION	ADDRESS	PHONE
			()
			()
			()
			()

By signing this application, I certify: That this application is complete and accurate of the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, NHC Distributors, Inc. or its agents my request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. Also, I agree if required to undergo a medical examination by a company designated physician and understand that medical approval must be obtained before employment can be effected. I have noted that NHC Distributors, Inc. is an Equal Opportunity Employer and ad applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National origin, Disability, or Veteran Status. I realize that if I am hired, NHC Distributors, Inc. reserves the right to terminate my employment whenever the need arises.

SIGNATURE

DATE

EMPLOYMENT IS SUBJECT TO:

1. PASSING PHYSICAL EXAMINATION BY COMPANY DESIGNATED PHYSICIAN (IF REQUIRED).
2. SATISFACTORY REFERENCE REPORTS.
3. FAVORABLE REPORTS FROM OUTSIDE AGENCIES ON VERIFICATION OF INFORMATION SUPPLIES.
4. PASSING DRUG TEST BY COMPANY DESIGNATED FACILITY.

INTERNAL USE ONLY

DATE

ACTION
