

# ANS DISTRIBUTING



## APPLICATION FOR EMPLOYMENT

*In order to provide equal employment and advancement opportunities to all individuals, employment decisions at ANS Distributing are based on merit, qualifications and abilities. ANS Distributing does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.*

### Personal Information

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position desired: \_\_\_\_\_ Date available to start work: \_\_\_\_\_

How did you hear about this vacancy? \_\_\_\_\_

Have you worked for ANS Distributing before? \_\_\_\_\_ If yes, please provide dates worked: \_\_\_\_\_

Do you have friends or relatives that work for ANS Distributing? \_\_\_\_\_  
If yes, please provide name and department: \_\_\_\_\_

### General Information

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Are you legally eligible to work in the United States? Yes No  
*(Proof of identity and eligibility will be required upon employment)*

Are you over 18 years of age? Yes No  
*(If no, you may be required to provide authorization to work)*

Have you been convicted of a felony within the last seven years? Yes No

If yes, please  
explain: \_\_\_\_\_  
*(A conviction will not necessarily result in denial of employment)*

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*If you provided a resume that includes all requested information on pages 2 through 4, please skip to page 5.*

<b>Education</b>				
	<b>Name and Address</b>	<b>Course of study</b>	<b>Did you graduate?</b>	<b>Diploma or Degree received</b>
High School/GED				
Vocational or trade school				
College or University				
Graduate School or other				

<b>Specialized Training</b>
List specialized training, apprenticeships or skills that you have received which relate to the position for which you are applying: <hr/> <hr/>
List any job related certificates or licenses that relate to this position: <hr/> <hr/>
List any equipment/software/hardware that you've used or are familiar with: <hr/> <hr/>

<b>Other Relevant Information</b>

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<b>Personal References</b>			
List three (3) individuals whom you have known for at least three years. <i>(Do not list relatives)</i>			
Name	Address	City/State/Zip	Telephone Number
Name	Address	City/State/Zip	Telephone Number
Name	Address	City/State/Zip	Telephone Number

<b>Employment History</b>
<i>List employment history starting with most recent. If more space is needed use same format on another piece of paper. Explain all gaps in employment.</i>

Company Name: _____ Telephone Number: _____
Company Address: _____
Supervisor Name and Title: _____
Employed From (Month/Year): _____ To (Month/Year) _____
Starting Pay: _____ Ending Pay: _____ Reason for Leaving _____
Duties: _____
_____
_____
_____
_____

Company Name: _____ Telephone Number: _____
Company Address: _____
Supervisor Name and Title: _____
Employed From (Month/Year): _____ To (Month/Year) _____
Starting Pay: _____ Ending Pay: _____ Reason for Leaving _____
Duties: _____
_____
_____
_____
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Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Supervisor Name and Title: \_\_\_\_\_  
Employed From (Month/Year): \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  
Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Supervisor Name and Title: \_\_\_\_\_  
Employed From (Month/Year): \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  
Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ANS DISTRIBUTING



## Important, please read and sign

I, \_\_\_\_\_, authorize and give consent for ANS Distributing, Inc. to obtain information regarding myself. This may include but is not limited to the following:

- Addresses and Social Security Number Verification
- Criminal Background Records/Information
- Credit History and Information
- Driver's License Check

Further, I authorize this information to be obtained in writing, via electronic transmission, or via telephone in connection with my employment. I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action any and all persons or entities who shall furnish such information.

This release is signed free of duress and with full knowledge and understanding that any information obtained will be used in assessing my employment eligibility with ANS Distributing, Inc. and that such information will be held in confidence in accordance with company guidelines.

The information provided by me in this application and/or in accompanying resume is true and complete to the best of my knowledge. I understand that any deliberate falsification, omission, or misstatement of facts in my application or resulting interviews could result in termination of my employment. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice by ANS Distributing or me so long as there is no violation of applicable federal or state law.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADP Screening and Selection Services offers this form as a service to our clients. Please feel free to copy this form for your own use. However, if you chose to modify this document, ADP cannot guarantee it will remain compliant with federal and state regulations. Please have any modifications reviewed by competent legal counsel.

## Candidate Release Authorization

- I. In connection with my application for employment or continued employment at \_\_\_\_\_ (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: if you want a free copy of the report(s) ordered, check this box . The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Disclosure / Authorization Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by \_\_\_\_\_ (the Company) or its agent, to furnish the information described in Section I.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to \_\_\_\_\_. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name \_\_\_\_\_ LAST FIRST MIDDLE

Please print other names you have used \_\_\_\_\_

Home Address \_\_\_\_\_ City State Zip Code

Social Security Number \_\_\_\_\_ Date of Birth (FOR IDENTIFICATION PURPOSES ONLY)

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex:  Male  Female Race:  Asian  Black/African American  Hispanic/Latino  White  Other

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_ Name as it appears on license \_\_\_\_\_

**I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.**

**Signature**

**Today's Date**

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!**

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## ANS DISTRIBUTING DRUG TESTING CONSENT FORM

**Consent for pre-employment, random, follow-up, or reasonable suspicion drug test screen and release covenant not to sue and indemnity agreement**

In accordance with ANS Distributing Employee Handbook Policy #216 (Drug and Alcohol Abuse), I hereby consent to allow Concentra Medical Center to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, follow-up, or reasonable suspicion drug test screen. I further consent to allow the laboratory testing service to make the results of such screen available to ANS Distributing.

In consideration for such services being rendered on my behalf, I hereby release the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby consent not to file any action at law or in equity against ANS Distributing, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to indemnify and save ANS Distributing, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample can result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received from ANS Distributing or termination of employment, depending on when results are received.

**Current medications (prescriptions & non-prescriptions):** \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Name (printed)**

\_\_\_\_\_  
**SSN**

\_\_\_\_\_  
**Supervisor or Witness Signature**

\_\_\_\_\_  
**Date**