



EMPLOYMENT APPLICATION

Alko Distributors is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Applicant Information

Date:						
Applicant Name:						
Social Security #:						
Address:						
City:		State:		Zip Code:		
Phone Number:						
Email Address:						

Employment Position

Position applying for:						
How did you hear about this position?						
Date you can start:				Salary Desired:		

Availability: List the times you are available in the chart below.

	Start	End		Start	End		Start	End
Monday:			Thursday:			Saturday:		
Tuesday:			Friday:			Sunday:		
Wednesday:			Saturday:					

Personal Information

Please circle yes or no to answer the questions below and provide additional information when it applies.

Are you 18 years of age or older?	YES	NO
Are you a U.S. citizen or approved to work in the United States?	YES	NO
Are you currently employed?	YES	NO
If currently employed, may we contact your present employer?	YES	NO
Ever apply to this company before?	YES	NO
If applied before, where and when?		
Do you have any friends, relatives, or acquaintances working for Alko Distributors?	YES	NO
If yes, state name & relationship:		
Do you have reliable transportation?	YES	NO
Do you have any condition(s) which would require job accommodations?	YES	NO
If yes, please describe accommodations: _____		
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	YES	NO
If yes, please state the nature of the crimes(s), when and where and disposition of the case below.		

(Note: No applicant will be denied employment solely on the grounds of conviction or a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Alko distributors complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicates/employees to perform essential functions.)

Education and Training

Name	Location (City/State)	Year Graduated	Degree Earned
High School			
College/University			
Vocational School			

Employment History

Employer Name:		Job Title:	
Supervisor Name:		Salary:	
Employer Address:			
City:	State:	Zip Code:	
Employer Phone #:			
Employment Dates:			
Reason for leaving:			
Employer Name:		Job Title:	
Supervisor Name:		Salary:	
Employer Address:			
City:	State:	Zip Code:	
Employer Phone #:			
Employment Dates:			
Reason for leaving:			
Employer Name:		Job Title:	
Supervisor Name:		Salary:	
Employer Address:			
City:	State:	Zip Code:	
Employer Phone #:			
Employment Dates:			
Reason for leaving:			

References

Please provide 3 professional and/or personal references below. Circle if the reference is personal or professional.

Reference Name	Contact Information		
		Personal	Professional
		Personal	Professional
		Personal	Professional

AT-WILL EMPLOYMENT - The relationship between you and Alko Distributors is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Alko Distributors. No representative of Alko Distributors has authority to enter into any agreement contrary to the foregoing "employment at will" relationship.

You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice President/Chief Operations Officer or the Company's President. Where state law applies.

Applicant Signature:

Date: