



# EMPLOYMENT APPLICATION

**DiCarlo Distributors, Inc.**  
 1630 North Ocean Avenue  
 Holtsville, NY 11742  
 Phone: (631) 758-6000  
 Fax: (631) 758-6096

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

**PLEASE PRINT**

Position(s) Applying For: _____	Date of Application: _____
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How did you learn about the company? (*Circle one*)

Advertisement     
  Friend     
  Relative     
  Walk-in     
  Inquiry  
 Recruiting Firm     
  Current Employee     
 Other: \_\_\_\_\_

Last Name	First Name	Middle Name
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Address:

Number \_\_\_\_\_ Street \_\_\_\_\_

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

Telephone Number(s) where we can contact you:

Home: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ May we call you at work?     Yes     No

Best time to contact you at home: \_\_\_\_\_

**Are you available to work:** (Please check)

**Regular Full-time:** \_\_\_\_\_ Please indicate:     1     2     3 shift

**Regular Part-time:** \_\_\_\_\_ Please indicate:     Mornings     Afternoons     Evenings

**Temporary:** \_\_\_\_\_ Please indicate dates available. \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever submitted an application with the company before?	<input type="checkbox"/> Yes (date) _____ <input type="checkbox"/> No
Have you ever been employed with our company before?	<input type="checkbox"/> Yes (date) _____ <input type="checkbox"/> No
Are you legally qualified to work in the United States? <i>(Proof of citizenship or immigration status will be required upon employment.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, can you provide required proof of eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your desired salary range?	On what date would you be available for work?

**EDUCATION**

	Elementary School	High School	Technical School	College	Other
School Name and Location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree		Yes No	Yes No	Yes No	
Major Course(s) of Study					

Summarize specialized skills and training not listed above:

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Describe honors received:

List professional, trade, business, or civil activities and offices held. You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status:

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Other Qualifications. Summarize special job related skills and qualifications acquired from employment or other experience. You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status:

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**EMPLOYMENT EXPERIENCE:** Start with your present or most recent position. If information is already on your resume, fill in only those items not listed on your resume (i.e. reason for leaving, salary, etc.).

1. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			

4. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			

**REFERENCES**

Give name, address, and telephone number of three business references who are not related to you.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If you need additional space, please continue on a back of this page.*

**Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any job-related training in the United States military?       Yes       No

If yes, please give date: \_\_\_\_\_

Are you able to perform the essential requirements of the job?       Yes       No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.**

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.**

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

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



DiCarlo Distributors is a  
**DRUG FREE WORKPLACE**

**EVERYONE MUST PASS A  
DRUG TEST TO WORK HERE**

If you are using illegal drugs  
Please do not apply...

# VOLUNTARY EEO SELF-IDENTIFICATION FORM

## COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard or any other similarly protected status. We comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

### PLEASE PRINT

<b>Position(s) applied for:</b> _____	<b>Date:</b> _____	
<b>Referral Source:</b>		
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Recruiter	<input type="checkbox"/> State Employment Office
<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> School
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Internet Ad	<input type="checkbox"/> Other _____
Name of person who referred you (if applicable) _____		

<b>Applicant Information:</b>				
<b>Name:</b> _____			<b>Telephone #</b> _____	
LAST	FIRST	MIDDLE		
<b>Address:</b> _____				
STREET		CITY	STATE	ZIP CODE
<input type="checkbox"/> Male	<input type="checkbox"/> Female			

Please answer the following questions about the following Equal Employment Opportunity Identification Groups:

#### 1. Are you Hispanic or Latino?

- Yes (If Yes, do not answer Question #2)       No (If No, go to Question #2)

#### 2. What is your race?

- White (Not Hispanic or Latino)       Black or African American  
 Native Hawaiian or Other Pacific Islander       Asian  
 American Indian or Alaska Native       Two or more races

<b>For Administrative Use Only</b>		
Position(s) applied for	<input type="checkbox"/> Available	<input type="checkbox"/> Not Available
Other positions considered for _____		
Hired	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Position hired for _____	Date of hire _____	
From the EEO job classifications listed below, which one best describes the position filled?		
<input type="checkbox"/> Executive/Senior Level Officials & Managers	<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Operatives (semi-skilled)
<input type="checkbox"/> First/Mid-Level Officials & Managers	<input type="checkbox"/> Office & Clerical Workers	<input type="checkbox"/> Craft Workers (skilled)
<input type="checkbox"/> Professionals	<input type="checkbox"/> Laborers (unskilled)	<input type="checkbox"/> Service Workers
<input type="checkbox"/> Technicians		
Notes _____		
Completed by _____	Date _____	