



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 - 8	9 - 12	1 or 2	9 - 12	
Diploma Degree					
Major Course(s) of Study					

Summarize specialized skills and training not listed above:

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:

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:

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