



**THE INTERNATIONAL CONNECTION**

1517 Avco Blvd. • P.O. Box 255 • Sellersburg, IN 47172  
(812) 246-6306 • www.ndsin.com

Date _____
Position Applied For: _____
Salary Expected _____
Date Available _____
Referred By _____

**INSTRUCTIONS  
TO  
APPLICANT**

**PLEASE READ CAREFULLY:** Every item on this form must be answered to the best of your ability. Your qualifications will be carefully reviewed and you will be given through consideration for any suitable vacancies. If you are employed, this will become a part of your permanent personnel record.

**PERSONAL:**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Previous Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Are you over the age of 18? \_\_\_\_\_  
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
Have you ever been convicted of a felony? \_\_\_\_\_ If yes, state Date and Disposition \_\_\_\_\_  
Do you have a Driver's License? \_\_\_\_\_ If yes, number and state \_\_\_\_\_  
(If relevant to position applied for)  
List friends and relatives employed by us \_\_\_\_\_

**EDUCATION:**

High School (Name & Address) \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ If no, last grade completed \_\_\_\_\_ Grade Average \_\_\_\_\_  
College (Name & Address) \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ If no, number of hours completed \_\_\_\_\_ Average \_\_\_\_\_  
Degree \_\_\_\_\_ Major \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_  
Other (Name & Address) \_\_\_\_\_  
Specialty training received \_\_\_\_\_

**MILITARY:**

Branch \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Separated \_\_\_\_\_ Highest Rank \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_ Nature of Duties \_\_\_\_\_  
Current Status: Discharged \_\_\_\_\_ Active Reserves \_\_\_\_\_ Inactive Reserves \_\_\_\_\_  
If active, state reserve schedule: Once a Month \_\_\_\_\_ Twice a Month \_\_\_\_\_  
Two Weeks \_\_\_\_\_ Other \_\_\_\_\_

**GENERAL EMPLOYMENT INFORMATION:**

1. Type of employment sought: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Shift Preferred \_\_\_\_\_

2. Were you previously employed by National Distributors, Inc.? \_\_\_\_\_  
 If so, please give dates \_\_\_\_\_ Describe job duties \_\_\_\_\_

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

3. Are you able to perform the duties of the job for which you apply? \_\_\_\_\_

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

**PERSONAL DEVELOPMENT:**

List specialized courses or training programs or seminars completed:

COURSE	DATE COMPLETED
_____	_____
_____	_____
_____	_____

**SKILLS INVENTORY**

- ( ) Adding Machine                      ( ) Cash Register - Computerized                      ( ) Dictation - Speed \_\_\_\_\_  
 ( ) Calculator                                      Type \_\_\_\_\_                      ( ) EDP Equipment \_\_\_\_\_  
 ( ) Dictaphone                                      ( ) Typing - Speed \_\_\_\_\_                      ( ) Word Processor - Speed \_\_\_\_\_
- Filing Experience:    ( ) Alphabetic    ( ) Numeric    ( ) None

**PERSONAL REFERENCES** (Not former Employers or Relatives)

Name and Occupation	Address	Phone Number

# EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent.

I.

Name and address of company and type of business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

II.

Name and address of company and type of business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

III.

Name and address of company and type of business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

IV.

Name and address of company and type of business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

V.

Name and address of company and type of business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

May we contact the employers listed above? \_\_\_\_\_ If there is a particular employer(s), you do not wish us to contact, please indicated which one(s). \_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_  
Name

Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT:**

1. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
2. You are hereby authorized to make an investigation of my personal history, financial and credit records or criminal records through any investigative or credit agencies and bureaus of your choice deemed necessary to determine my fitness for employment. A copy of this original authorization shall be as valid as the original.
3. In consideration of my employment, I agree to conform to the rules and regulations of National Distributors, Inc. and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either National Distributors, Inc. or myself.
4. I understand that no representative of National Distributors, Inc. has authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
5. I further understand that this application is not and is not intended to be a contract of employment, nor does it obligate National Distributors, Inc. in any way if National Distributors, Inc. decided to employ me.
6. I understand that overtime may be required as a condition of employment.
7. I understand that some mornings, some evenings, some split-shifts, some weekends, some holidays, some department changes and some division changes may be required as a condition of employment.
8. Upon separation of employment, I agree to return all uniforms and equipment to National Distributors, Inc.
9. Upon separation of employment, I authorize National Distributors, Inc. to withhold from my final paycheck any monies due to National Distributors, Inc. for debts, equipment or uniforms.
10. Upon employment, I understand that proof of citizenship or immigration status will be required.

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

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**IF HIRED, MANAGER SHOULD INDICATE HERE:**

Position \_\_\_\_\_ Department \_\_\_\_\_ Shift Worked \_\_\_\_\_

Reporting Date \_\_\_\_\_ Rate \_\_\_\_\_

Interviewed By \_\_\_\_\_ Hired By \_\_\_\_\_  
(Supervisor)

Authorized By \_\_\_\_\_ Date \_\_\_\_\_  
(Division Manager)



## AUTHORIZATION TO RELEASE INFORMATION

To:

Please be advised that I have applied for a position with NATIONAL DISTRIBUTORS LEASING, INC. I have been requested to provide information for their use in reviewing my background and qualifications.

Therefore, I authorize the investigation of my past and present health, character, education, military and employment qualifications.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies or firms from any liabilities resulting from providing such information.

Please keep this copy of my release request for your files. Thank you for your cooperation.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

# REFERENCE REPORT



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

To: \_\_\_\_\_

Re: \_\_\_\_\_

In reply to your request for a reference on the above-named former employee, I provide the following information:

1. **Position held:** \_\_\_\_\_

2. **Dates employed:** \_\_\_\_\_ to \_\_\_\_\_

3. **Salary on termination:** \_\_\_\_\_

4. **Reason for Separation / Termination:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Overall performance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Other comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. We would \_\_\_\_\_ **Would Not** \_\_\_\_\_ Rehire this person.

Person Filling this out: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

We request that you keep this reference confidential.

Sincerely,

Jeff Kaps  
VP, Human Resources & Risk Management  
National Distributors Leasing, Inc.

You can mail this back  
to us or fax it directly to:  
812-246-6819

1517 Avco Blvd. Sellersburg, IN. 47172 \* 812.246.6306

Applicant Signature: \_\_\_\_\_