APPLICATION FOR EMPLOYMENT Battaglia Distributing Co., Inc.

All statements made on this application may be checked for accuracy. Incomplete applications will not be considered for employment. The applicant is not required to provide any information that may violate federal, state, or local laws, or any agreement entered into with a previous or current employer. This application does not represent an open or available position, or constitute an offer of employment. Thank you for your interest in Battaglia Distributing.

Personal Information				
Last Name	First	Middle Initial	Date	
Street Address			Phone	
City, State Zip			Can You Work Weekends?	
Have You Applied With Us Before	?		Can You Work Overtime?	
Have You Been Convicted of a Cri	me? If So, Please Explain.		Date Available to Work	
Is There Any Reason You Cannot F	erform Consistently On The J	lob?	Have You Ever Been Fired?	
Position Desired			Salary Requested	
Are You Currently Employed			May We Contact Your Employer?	
Do You Have Any Friends or Relat	ives Working Here?		Where Did You See Our Ad?	

Education				
High School	Years Completed 1 2 3 4	Diploma		
College	Years Completed 1 2 3 4	Degree		
Other	Years Completed 1 2 3 4	Certificate/Degree		
Please Describe Any Specific Skills or Experience, Which Would Specifically Fit You For Work With Our Company				

Employment History				
Company Name	Phone			
Address	Employed From To			
Name Of Supervisor	Weekly Pay			
Reason For Leaving	Position			
Reason for Leaving	Position			

Employment History (Continued)				
Company Name	Phone			
Address	Employed From To			
Name Of Supervisor	Weekly Pay			
Reason For Leaving	Position			

Employment History (Continued)					
Company Name	Phone				
Address	Employed From To				
Name Of Supervisor	Weekly Pay				
Reason For Leaving	Position				

Employment History (Continued)					
Company Name	Phone				
Address	Employed From To				
Name Of Supervisor	Weekly Pay				
Reason For Leaving	Position				

Affirmation

- 1. The information contained in this application is true and complete to the best of my knowledge and belief and I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by Battaglia Distributing Co., Inc. shall result in Battaglia Distributing Co., Inc. not employing me or, if employed, terminating my employment.
- 2. I understand and agree that all information furnished in this application and all attachments may be verified by Battaglia Distributing Co., Inc. or its authorized representative. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Battaglia Distributing Co., Inc. all information relative to such verification and hereby release such individuals, organizations, and Battaglia Distributing Co., Inc. from any and all liability for any claim or damage resulting there from.
- 3. I hereby acknowledge that I have been informed by Battaglia Distributing Co., Inc. that Battaglia Distributing Co., Inc. may seek to obtain a consumer credit report and/or investigative report that will include personal information regarding me including but not limited to educational history, work references and criminal convictions, in order to assist Battaglia Distributing Co., Inc. in making certain employment decisions. I further acknowledge notification by Battaglia Distributing Co., Inc. that reports may be provided to Battaglia Distributing Co., Inc. by other firms sub-contracted for that purpose.
- 4. I, my heirs, assigns and legal representative, hereby release and fully discharge Battaglia Distributing Co., Inc., its affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against Battaglia Distributing Co., Inc., arising out of the making or use of either a consumer report or an investigative consumer report.

First Name	Middle Name		Last Name	Maiden Name
Social Security Number Driver's License N		Driver's License Numb	er	State of Issue
Signature X				Date

	368		805		273
	725		737		491
+	439	+	164	+	653

	978	1400		9787
-	389	- 763	-	1899

	685	329		4709
X	.79	x 1.75	x	.68

29 1624.00

17 7953.11