



Wholesale Outlet, Inc.
HVAC SUPPLY



Application For Employment

An Equal Opportunity Employer Drug Free Workplace

PERSONAL INFORMATION

<p>Please Print Clearly</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone#: Home: _____</p> <p>Cell: _____</p> <p>Drivers License #:CA _____</p>	<p>How did you hear about us?</p> <p><input type="radio"/> Friend <input type="radio"/> Newspaper</p> <p><input type="radio"/> Walk-In <input type="radio"/> Internet</p> <hr/> <p style="text-align: center;">Emergency Contact</p> <p>Name: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p><input type="radio"/> Spouse <input type="radio"/> Parent <input type="radio"/> Other</p> <p><input type="radio"/> Friend <input type="radio"/> Sibling</p>
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DESIRED EMPLOYMENT

<p>Positon applying for:</p> <p><input type="radio"/> Manufacturing</p> <p><input type="radio"/> Class "A" Truck Driver</p> <p><input type="radio"/> Class "C" Truck Driver</p> <p><input type="radio"/> Sales</p> <p><input type="radio"/> Office/Clerical</p> <p><input type="radio"/> Other _____</p>	<p>When Can You Start ?</p> <p><input type="radio"/> Immediately</p> <p><input type="radio"/> Date: _____</p> <p><input type="radio"/> I need to give 2 weeks notice.</p>
<p>Last Salary: \$ _____</p> <p style="text-align: right;">we verify with last pay stub or last W-2</p>	
<p>yes no</p> <p><input type="radio"/> <input type="radio"/> Have you ever applied to this company ?</p> <p style="padding-left: 40px;">If yes, when? _____</p> <p><input type="radio"/> <input type="radio"/> The position that you are applying for, may require that you lift 75 lbs. Is this something you are capable of doing ?</p> <p><input type="radio"/> <input type="radio"/> Are you leagally able to work in the United States ?</p> <p><input type="radio"/> <input type="radio"/> Have you ever been convicted of a felony ?</p> <p>If yes state the date, location and nature of the offense: _____</p>	

EDUCATION

	Name	Address	Year Graduated	GPA
High School				
College				

Pre-Employment Questionnaire An Equal Opportunity Employer

Official Use Only:

NOTES:

Interviewer:

EMPLOYMENT HISTORY

Total # of
Months
Unemployed

EMPLOYER	JOB TITLE / DUTIES
Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	Title: _____ Duties: _____
Supervisor's Name: _____ Supervisor's Phone: _____	Reason for Leaving: <input type="radio"/> Better Pay/ Benefits <input type="radio"/> Voluntary Quit <input type="radio"/> Injury <input type="radio"/> Didn't like boss <input type="radio"/> Laid Off <input type="radio"/> Moved Away <input type="radio"/> Other: _____
Start Date: _____ \$ _____/Hr. Total # of Months <input type="text"/> End Date: _____ \$ _____/Hr. <input type="text"/>	

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Months
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Please read the following carefully before signing and dating this application form.

I certify that all statements contained on this application are true and correct, and I authorize Wholesale Outlet, Inc./Topnotch Metal Products, LLC to investigate my references and to make an independent investigation of my character, conduct and employment records, including, but not limited to, criminal conviction records. I hereby release all employers, schools, or persons from all liability in responding to inquiries in connection with my application. I understand that any misrepresentation, falsification or material omission of information may result in my failure to receive an offer or, if I have been hired, in my dismissal from employment regardless of length of employment. In the event I am employed by Wholesale Outlet, Inc./Topnotch Metal Products, LLC, I agree to comply with all rules and policies of Wholesale Outlet, Inc./Topnotch Metal Products, LLC as they may be amended from time to time and agree that my employment is for no specific period of time and that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no representative of Wholesale Outlet, Inc./Topnotch Metal Products, LLC, other than the CEO/PRESIDENT, Joe Schmidt, has any authority to enter into any agreement for employment, or to make any agreements contrary to the foregoing. I further understand that, to be considered for employment with Wholesale Outlet, Inc./Topnotch Metal Products, LLC, I must submit to a drug test. I hereby consent to such testing and authorize the disclosure of the result thereof to Wholesale Outlet, Inc./Topnotch Metal Products, LLC.

Signature of Applicant: _____ Date: _____

Interviewed by: _____ Date: _____

COMMENTS:

CONSUMER AUTHORIZATION

For Background Investigation

I hereby authorize WHOLESale OUTLET, INC./TOPNOTCH METAL PRODUCTS, LLC to request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish the consumer reporting agency or bearer with any and all information as to my character, general reputation, personal characteristics, and mode of living in connection with my application for employment. This information may reveal my work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. I further authorize WHOLESale OUTLET, INC./TOPNOTCH METAL PRODUCTS, LLC, to obtain information and records that includes, but not limited to, credit history, criminal record, civil matters, driving record, previous employment, education verification, and professional license verification.

In exchange for the employer's consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against USA-FACT, Inc. for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions WHOLESale OUTLET, INC./TOPNOTCH METAL PRODUCTS, LLC or any of its employees, representatives, or agents arising out of or in any way related to conducting a reference check or background investigation.

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based on this authorized request. I understand this authorization is to be part of the written employment application that I sign.

I have been given a stand-alone consumer notification under State Civil Code, that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for WHOLESale OUTLET, INC./TOPNOTCH METAL PRODUCTS, LLC to procure consumer reports or investigative consumer reports at any time during my employment period.

I am entitled to receive a free copy of my consumer report before any adverse decision of possible employment is made because of information obtained within my report. I am also entitled to receive a free copy of my consumer report if I so choose:

I request a copy of my consumer report

Print Name:			
Signature:		Date:	
AKA's: (maiden name, etc.)			
Prior addresses (if less than 5 years at current address):			

Date of Birth (for identification purposes only)			
Social Security Number (for id purposes only)			
Driver's License Number:	State Issued:		
College Education Degree Obtained:			