

Industrial Distribution Corporation



Employment Application

Please read before completing application

We appreciate your interest in Industrial Distribution Corporation Inc. (IDC). Please read all information before filling out and signing this application. Complete this application as accurately and thoroughly as possible by printing legibly. Please advise us if you need assistance with completing this application form.

IDC is an equal opportunity employer. All applicants are considered for employment based upon their skills and abilities without regard to race, color, religion, gender, national origin, age, disability, marital status, sexual orientation, veteran status, genetics, or any other status protected by applicable federal, state or local law. Applications requiring reasonable accommodation to the application or interview process should notify a representative of the Human Resources Department. As required by the Immigration Reform and Control Act, in the event you are hired, you must establish proof of eligibility to work in the United States within three days of your start date.

Personal Data

Name		Email	
Address		Home Phone	
City ST Zip		Cell Phone	
1. Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Have you ever been convicted of a felony or pled guilty or no contest*? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*a conviction will not necessarily bar you from employment. If Yes, please explain:</i>			
3. Have you previously worked for IDC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
4. Do you have any relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?			
5. How did you hear about us?			
6. Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			

Position(s) of Interest

Position(s)/Location Applying For			
Hours Available		Days Available	
Salary / Wage Expectations	\$ (Circle One) (hourly/annually)	Available for Overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any reason why you would be unable to perform the essential functions of this position without special accommodations? <i>(ONLY answer if you have been provided with a copy of the job description and have read what the essential functions are.)</i>			
<input type="checkbox"/> Yes* <input type="checkbox"/> No			

Employment History

Please list all employers you have had for at least the past 7 years, beginning with your current employer. Use additional pages if necessary.

May we contact your current employer prior to any potential employment offer? Yes No

Company		Phone Number	
Street Address		Your Title	
City St Zip			
Supervisor's Name and Title		Start Date	
		End Date	
Reason for Leaving			Ending Wage (Circle One) \$ (hourly/annually)

Company		Phone Number	
Street Address		Your Title	
City St Zip			
Supervisor's Name and Title		Start Date	
		End Date	
Reason for Leaving			Ending Wage (Circle One) \$ (hourly/annually)

Company		Phone Number	
Street Address		Your Title	
City St Zip			
Supervisor's Name and Title		Start Date	
		End Date	
Reason for Leaving			Ending Wage (Circle One) \$ (hourly/annually)

Please list additional experience or skills that have a direct relationship to the job for which you are applying, including any licenses, and their latest dates of origination and issuing authority.

License or Certificate	Expiration Date	Issuing Authority	City	State

Professional References

Please list references that are not related to you or are previous supervisors.

Name	Company	Phone Number	Years Known

Applicant’s Certification and Acknowledgment

Please read this carefully before signing below.

I hereby certify that the information I have provided in this application and in any documents I have submitted to Industrial Distribution Corporation in support of my application for employment, including resumes and transcripts, and/or information provided during the interview process, is complete and accurate to the best of my knowledge. I realize any falsification and/or misrepresentation or material omission of that information, stated or implied, may result in the denial of any employment offer or the immediate termination of my employment if I am employed.

I also understand that employment with Industrial Distribution Corporation is conditioned upon the completion of an Authorization for Release Background Information and other employment documents as necessary, as determined by Industrial Distribution Corporation. In conjunction with the requirements of the federal Fair Credit Reporting Act and/or other applicable law, I hereby authorize and consent to the investigation of all statements contained in this application and authorize all persons and companies named above and/or their agents to release any and all records and information pertaining to my employment history, police record, education background, military service, or personal reputation. Pursuant to applicable law I hereby release all parties from liability for damage for providing this information.

I understand that my employment with Industrial Distribution Corporation is “at will”. If I become employed by Industrial Distribution Corporation my employment and compensation are for no definite period and, regardless of the time and manner of payment of my wages, salary or other benefits, my employment and compensation can be terminated at any time, with or without cause and with or without notice at either the option of the Company or myself. I further understand that there are no other arrangements, agreements or understandings, oral or written, contrary to the foregoing and that the understanding set out herein supersedes any prior contrary statements. I further understand that any modification to this Certification and Acknowledgment will not be effective unless in writing and personally signed by a representative of Industrial Distribution Corporation having actual authority to approve such modification.

I understand that, if I am hired, I am required to abide by all of the Company’s rules, policies and procedures. I also understand that the Company’s rules, policies and procedures can and may be changed or modified at any time, with or without notice.

I have read or had read to me this release form and I understand and voluntarily consent and agree to sign below.

Signature: _____ Date: _____