



APPLICATION FOR EMPLOYMENT

Please legibly print all information requested. Applications may be delivered to any Aslin-Finch location or mailed to: **AFCO Distribution** or emailed to: **HR@afcodistribution.com**

Attn: Human Resources
11016 E. Montgomery Ave.
Spokane Valley, WA 99206

Date: _____

Last Name	First Name	Middle Name	Maiden Name
-----------	------------	-------------	-------------

Present address:	How long at current address?
Street _____ City _____ State _____ Zip _____	

Previous address if less than three years:	
Street _____ City _____ State _____ Zip _____	

Telephone Number:	Email Address:	Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 21 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently authorized to work in the united states? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of eligibility will be required if hired.</i>
-------------------	----------------	--	---	---

Position applied for:	Wage desired: \$ _____
-----------------------	------------------------

Location: Burlington
 Spokane Valley

Days available to work: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Hours per week available to work: _____
---	---

Employment desired: <input type="checkbox"/> Full Time Only <input type="checkbox"/> Part Time Only <input type="checkbox"/> Full or Part Time <input type="checkbox"/> Seasonal	When are you available to start work? _____
--	---

Have you ever applied to or worked for Aslin-Finch Company before? Yes No If "yes", please explain (include date): _____

Do you have any friends, relatives or acquaintances working for the company? Yes No If "yes", state name and relationship: _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
 If no, describe the functions that cannot be performed: _____

Aslin-Finch Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to medical examination conducted by a medical professional.

EDUCATION

High School				
Name	Mailing Address	Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma <input type="checkbox"/> GED <input type="checkbox"/> Did not finish <input type="checkbox"/>
College				
Name	Mailing Address	Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major or Degree
Business or Trade School				
Name	Mailing Address	Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major or Degree

MILITARY

Have you ever served in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," Date Entered: _____ Date Discharged: _____	Specialty: _____	Are you currently a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	------------------	--

Have you ever been convicted of a criminal offense? Yes No If "yes," please explain the number of convictions, nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

A conviction record will not necessarily disqualify you from employment.

DRIVING HISTORY

Do you have a valid driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," State of Issue:	Driver License #:	Expiration Date:
Type of License: <input type="checkbox"/> Non-CDL <input type="checkbox"/> CDL	If CDL, please check applicable class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Please check applicable endorsements: <input type="checkbox"/> Hazmat (H or X) <input type="checkbox"/> Tank Vehicle (N or X)	<input type="checkbox"/> Doubles/Triples (T) <input type="checkbox"/> Air Brake Restriction (K)
Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," how many?	Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," how many?
Have you had any suspensions or revocations in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had any DUI, DWI, BAC, controlled substance or open container convictions in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had any of the following violations in the last three years? (check all that apply) <input type="checkbox"/> 15 mph or more over the speed limit. <input type="checkbox"/> Racing / exhibition driving. <input type="checkbox"/> Careless, reckless or imprudent driving.	
What is your means of transportation to work:			

COMPUTER SKILLS

Typing: <input type="checkbox"/> Yes <input type="checkbox"/> No	WPM:	Word Processing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spreadsheets: <input type="checkbox"/> Yes <input type="checkbox"/> No	10-Key: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list specific computer applications / programs or other skills here:				

REFERENCES

Please list two references other than relatives:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

IN CASE OF EMERGENCY CONTACT

Name: _____	Relationship: _____	Phone #: _____
Address: _____		

OTHER INFORMATION

Please use this space to elaborate on any background, experience or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

WORK EXPERIENCE

Please list your work experience for the past seven years beginning with your most recent job held. Attach additional sheets if necessary. If you were self-employed, give business name. Resumes are not accepted in lieu of completing the work history listed on pages 3 - 5, but are accepted as an supplement to this application. Please explain any gaps in work history.

Employer Name:		Your Job Title:	
Address:			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Phone:	Contact Person:	Name & Title of Last Supervisor:	
Employment Dates:		Wage / Salary:	
From:	To:	Start: \$	Finish: \$
Reason for leaving (be specific):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company:			

Employer Name:		Your Job Title:	
Address:			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Phone:	Contact Person:	Name & Title of Last Supervisor:	
Employment Dates:		Wage / Salary:	
From:	To:	Start: \$	Finish: \$
Reason for leaving (be specific):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company:			

Employer Name:		Your Job Title:	
Address:			
Street		City	State
Zip			
Phone:	Contact Person:	Name & Title of Last Supervisor:	
Employment Dates:		Wage / Salary:	
From:	To:	Start: \$	Finish: \$
Reason for leaving (be specific):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company:			

Employer Name:		Your Job Title:	
Address:			
Street		City	State
Zip			
Phone:	Contact Person:	Name & Title of Last Supervisor:	
Employment Dates:		Wage / Salary:	
From:	To:	Start: \$	Finish: \$
Reason for leaving (be specific):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company:			

Employer Name:		Your Job Title:	
Address:			
Street		City	State
Zip	Phone:	Contact Person:	Name & Title of Last Supervisor:
Employment Dates:		Wage / Salary:	
From:	To:	Start: \$	Finish: \$
Reason for leaving (be specific):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company:			

APPLICATION STATEMENT

Did you complete this application yourself? Yes No If not, who did?

As indication that you have read and understood each sentence, please write your initials in the spaces provided below. If you are submitting this application electronically, your initials and signature will be required upon hire.

In exchange for the consideration of my job application by AFCO Distribution & Milling, (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, _____ or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, _____ and that relationship cannot be altered except by a written instrument signed by the CEO or Board of Directors of the Company. _____ Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. _____ If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. _____

I authorize investigation of all statements contained in this application. _____ I understand that the misrepresentation or omission of facts called for may be cause for dismissal at any time without any previous notice. _____ I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and herby release the Company from any liability as a result of such contact. _____

I understand that, in connection with the routine processing of your employment application, the company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. _____ Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. _____

Signature of Applicant

Date

AFCO Distribution & Milling is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Aslin-Finch Company depends solely on your qualifications.

Thank you for completing this application and for your interest in our company.