

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our company (Inteq Distributors) fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, the Company maintains a smoke-free workplace.

Applicants for positions in Rhode Island please note that the company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island and is therefore covered by the state's workers compensation law unless this box is checked \Box

If the box is checked the following	owing exemption applies:				
POSITION APPLIED FOR:			DATE:		
PERSONAL DATA					
Salary expectations:					
Name:					
Las	st .	Middle		First	
Street Address:					
City:		State:	Zip Code:		
Telephone	E-Mail:				
If you are under 18 years of for child labor law purpose		ur age:	(This information wi	ill be used only	
What day will you be able to	o start work?				

Are there any days, shifts or hours you will not	work? □ Yes □ No
If yes, please explain:	
Are you available for out of town work?*	□ Yes □ No
Will you work overtime, if required?*	□ Yes □ No
	availability for work because of religious observance or ubsequent to any job offer, we will consider whether a
Have you ever been found at fault in a civil actio of a wrongful act)?* □ Yes □ No	on for an intentional tort (intentional commission
*Note: Answering "yes" does not automatically	exclude you from further consideration of the position.
If you answered yes, include the nature of the in	tentional tort and the disposition of the action:
Have you ever been convicted of a criminal offen *Note: Answering "yes" does not automatically e If you answered yes, please state the nature of the when and where convicted and disposition of the	exclude you from further consideration of the position. he crime(s),
How did you learn of our Company?	
Have you ever applied or worked at our Compa	any before? ☐ Yes ☐ No
If yes, provide dates:	
Are you legally authorized to work in the United	I States? ☐ Yes ☐ No
Will you now or in the future require sponsorship \square Yes \square No	for employment visa status (e.g.,H-1B visa status)?
Note: The Federal Immigration and Reform and Employment Eligibility Verification "Form I-9" be of	

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

DRIVING RECORD		
Do you have a valid driver's license? ☐ Yes ☐ No	State:License No:	
Have you had any tickets? ☐ Yes ☐ No		
If yes, please explain:		

EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Educational	ated	Year	If no, Degree	Type of Degree	Major	Minor	Grade
	Graduated	Credits Earned	Received Expected	Major	WIIIO	Overall GPA	
			Graduated	Year Degree Graduated Credits	Year Degree Degree Graduated Credits Received	Year Degree Degree Major Graduated Credits Received	Year Degree Degree Major Minor

EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

	pany Name:Telephone: ess:			
	May we contact: ☐ Yes ☐ No			
Dates Employed: From:To:	Rate of Pay: Start:Last:			
Reason for leaving:				
Company Name:				
Address:Name of Supervisor:	May we contact: ☐ Yes ☐ No			
	Rate of Pay: Start:Last:			
Reason for leaving:				
Company Name:	_Telephone:			
Address:				
Name of Supervisor:	May we contact: ☐ Yes ☐ No			
Dates Employed: From:To:To:To:	Rate of Pay: Start:Last:			
State job titles and describe job duties.				
Reason for leaving:				
Company Name:	_Telephone:			
Address:				
Name of Supervisor:	May we contact: ☐ Yes ☐ No			
Dates Employed: From:To:	Rate of Pay: Start:Last:			
State job titles and describe job duties:				
Reason for leaving:				

•	narged or asked to resign from employme)
	oline in your last 12 months of active emp	•	
Were you given a perform	nance evaluation within the last 12 months	s of active employ	yment? ☐ Yes ☐ N
f yes, what was the range	e of scores used and what was your score	9?	
any other employer that m	-competition or non-solicitation agreemer night restrict you from working for the Con you are being considered for hire)?		
f ves. please explain:			
PROFESSIONAL nave worked and who know	REFERENCES (Please list three in w your qualifications for this position. Please	dividuals unrelated do not give perso	I to you with whom you nal references.)
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
	ADDRESS only if you served in the military.)	PHONE	RELATIONSHIP
VILITARY (Complete	only if you served in the military.)		
MILITARY (Complete		f Years /Months o	of Service:

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein and during the entire application process (including but not limited to any criminal record inquiries made following this application, resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.

I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY. I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH THE COMPANY MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT OR CEO OF THE COMPANY.

I understand I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. I agree to sign any additional forms necessary for pre-employment checks and/or tests to be conducted.

CALIFORNIA APPLICANTS ONLY: I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to
receive copies of public records obtained by the Company. □

Date:

Signature: