



**JET DISTRIBUTION
SERVICES INC.**

On The Axis Of Excellence

8101 Tonnelle Ave
North Bergen, NJ 07047
1-877-JET-WHSE • (Fax) 201-295-0076

JET Distribution offers a wide variety of employment opportunities, ranging from part-time, all the way to career long positions. For employment consideration, please click on the link labeled Employment Application, print and fill out, then mail to:

JET Distribution Services Inc.
P.O. Box 16 Ridgefield, NJ 07657
attn: Human Resources

or

You can email us for more information at:

jobs@JETWHSE.com

Employment Application

(Answer all questions- Please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, natural origin, age, marital status, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security _____
(Last, First Middle)

List your addresses of residency for the past 3 years.

Current address _____ How long? _____
(Street City State Zip)

Previous addresses _____ How Long? _____
(Street City State Zip)

Previous addresses _____ How Long? _____
(Street City State Zip)

Previous addresses _____ How Long? _____
(Street City State Zip)

Contact Person _____ Phone _____

In case of emergency contact _____ Phone _____
(Name Street City Zip State)

Do you have the legal right to work in the U.S. _____

Date of birth _____ Can you provide proof of age? _____
(Required for commercial drivers)

Have you worked for this company before? _____

Dates: From _____ To _____ Rate of pay _____

Position _____ Reason for leaving _____

Are you now employed? _____ If not, how long since your last employment? _____

Who referred you? _____ Rate of pay expected? _____

Contact/ phone _____

Employment History

Employer

Name _____ From _____ To _____

Address _____ Position Held _____
(City State Zip)

Contact Person _____ Phone _____

Reason for leaving _____ Salary/Wage _____

Employer

Name _____ From _____ To _____

Address _____ Position Held _____
(City State Zip)

Contact Person _____ Phone _____

Reason for leaving _____ Salary/Wage _____

Employer

Name _____ From _____ To _____

Address _____ Position Held _____
(City State Zip)

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

High School _____
(Name City Street State Zip)

College _____
(Name City Street State Zip)

College Degree Achieved: _____

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to the applicant's record, whether same is of or record or not, and applicant releases employers and persons named herein from all liability for any damages on account of their furnishing such information.

It is agreed and understood that under the Fair Credit Report Act, Public Law 91-508. I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such addition information and complete such examinations as may be required to complete my employment file.

This certifies that this application was completed by me, and that all entries on it and such information in it are true and complete to the best of my knowledge, and that any misrepresentation may result in termination.

Date _____ Signature of applicant _____

Signature of a company officer _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604 (B)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Regulations.

Applicants Signature _____ Date _____

Print Name _____

Social Security Number _____

www.JETWHSE.com