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www.pa-dist.com

EMPLOYMENT APPLICATION

POSITION APPLIED FOR:	DATE:
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Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s)	Social Security Number		

EMPLOYMENT EXPERIENCE (Begin with current or most recent employer).

Employer	Dates Employed From: To:		
Address	City	State	Zip
Telephone	Salary Start: Final:		
Position	Supervisor		
Duties/Responsibilities:			
Reason For Leaving:			

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Address		City	State	Zip
Telephone			Salary Start:	Final:
Position		Supervisor		
Duties/Responsibilities:				
Reason For Leaving:				

Employer			Dates Employed From: To:	
Address		City	State	Zip
Telephone			Salary Start:	Final:
Position		Supervisor		
Duties/Responsibilities:				
Reason For Leaving:				

EDUCATION

Years of:	Graduate? Yes / No
High School College Tech/Trade School Other	
Degrees:	
Certificates	
Other (include any licenses or permits relevant to the job and expiration dates, if any):	
Special skills or experience you would bring to the position for which you are applying:	

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING & SUBMITTING YOUR EMPLOYMENT APPLICATION.

I certify that I have truthfully answered and have not knowingly withheld, misrepresented, or omitted any information relative to this employment application, my resume, or other supplemental materials. I understand that to do so would result in my being eliminated from any further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission may result in the immediate termination of my employment.

I understand that, if employed, I will be required to provide acceptable proof of my identity and legal authorization to work in the United States on or before my hire date.

I understand that I may be asked to take tests or give specimen samples of any kind in relationship to my application. I further understand that if hired, I may be asked to give physical specimen samples at any time for any reason. By signing below I further indicate that I do not and have not sold or used or abused any legal or illegal drugs unless under the direct supervision of a licensed health care provider.

I authorize Vista Partners, Inc. dba Petersen-Arne to contact my prior employers for information about my work history and I hereby release Petersen-Arne and my prior employers from any and all liability and from damage that may result from the release of such information.

Signature of Applicant	Date