



NESTOR SALES LLC

APPLICATION FOR EMPLOYMENT

CONDITIONS OF EMPLOYMENT ARE STATED AT THE END OF THIS FORM. PLEASE READ CAREFULLY BEFORE YOU SIGN THIS APPLICATION. PLEASE PRINT AND ANSWER ALL QUESTIONS COMPLETELY EVEN IF ATTACHING A RESUME.

BACKGROUND DATA				
NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP	PHONE NUMBER ()
PREVIOUS ADDRESS	CITY	STATE	ZIP	PHONE NUMBER ()
HOW WERE YOU REFERRED TO NESTOR SALES? (Check one) <input type="checkbox"/> INTERNET <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYEE REFERRAL <input type="checkbox"/> MAIL-IN <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER				
FOR WHAT POSITION(S) ARE YOU APPLYING?				
APPROXIMATE SALARY DESIRED (per year)		DATE AVAILABLE TO START WORK		
IS THERE ANY INFORMATION WE WOULD NEED ABOUT YOUR NAME OR USE OF ANOTHER NAME FOR US TO BE ABLE TO CHECK YOUR WORK RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE SPECIFY: _____				
DO YOU HAVE ANY RELATIVES WHO ARE OR HAVE BEEN EMPLOYED BY NESTOR SALES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NAME _____ RELATIONSHIP _____				
ARE YOU 18 YEARS OF AGE OR OLDER?		IF UNDER 18, CAN YOU, AFTER EMPLOYMENT SUBMIT A WORK PERMIT?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU BEEN PREVIOUSLY EMPLOYED BY NESTOR SALES, ACE TOOL, OR AIM SUPPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATES FROM: _____ TO: _____ LOCATION _____ POSITION _____				
CAN YOU, WITHIN THREE DAYS AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR USING YOUR CURRENT NAME OR UNDER ANY OTHER NAME? (A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU) <input type="checkbox"/> YES <input type="checkbox"/> NO				
OFFENSE(S)	DATE	PLACE	DISPOSITION	

EDUCATION					
NAME AND LOCATION OF ALL SCHOOLS AND/OR FACILITIES ATTENDED		SCHOOL YEARS COMP.	MAJOR	DID YOU GRADUATE	DIPLOMA OR DEGREE REC'D
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
TECHNICAL OR VOCATIONAL SCHOOL					
OTHER STUDIES					

DO YOU INTEND TO CONTINUE YOUR EDUCATION? YES NO IF YES, HOW? _____

DO YOU CURRENTLY HAVE ANY PROFESSIONAL CERTIFICATIONS? YES NO IF YES, PLEASE LIST _____

ADDITIONAL COMMENTS AND QUALIFICATIONS

(PLEASE DESCRIBE ANY OTHER SPECIALIZED TRAINING, APPRENTICESHIP, EXPERIENCE, SKILLS, EDUCATION OR CREDENTIALS WHICH YOU FEEL MAY QUALIFY YOU FOR THE POSITION THAT YOU ARE APPLYING)
(PLEASE INDICATE ANY PRIOR MILITARY SERVICE WHICH YOU WOULD LIKE CONSIDERED IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT)

EMPLOYMENT HISTORY - START WITH MOST RECENT EMPLOYER (PLEASE ACCOUNT FOR ANY PERIODS OF UNEMPLOYMENT)

ARE YOU CURRENTLY EMPLOYED? YES NO MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

<u>EMPLOYER</u>		TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP	PHONE ()
DATE EMPLOYED FROM	TO	STARTING SALARY	PRESENT/ENDING SALARY	
POSITION HELD AND/OR TITLE		IMMEDIATE SUPERVISOR AND TITLE		
DUTIES PERFORMED				
REASON FOR LEAVING				

<u>EMPLOYER</u>		TYPE OF BUSINESS		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS	CITY	STATE	ZIP	PHONE ()	
DATE EMPLOYED FROM	TO	STARTING SALARY	ENDING SALARY		
POSITION HELD AND/OR TITLE		IMMEDIATE SUPERVISOR AND TITLE			
DUTIES PERFORMED					
REASON FOR LEAVING					

<u>EMPLOYER</u>		TYPE OF BUSINESS		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS	CITY	STATE	ZIP	PHONE ()	
DATE EMPLOYED FROM	TO	STARTING SALARY	ENDING SALARY		
POSITION HELD AND/OR TITLE		IMMEDIATE SUPERVISOR AND TITLE			
DUTIES PERFORMED					
REASON FOR LEAVING					

<u>EMPLOYER</u>		TYPE OF BUSINESS		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS	CITY	STATE	ZIP	PHONE ()	
DATE EMPLOYED FROM	TO	STARTING SALARY	ENDING SALARY		
POSITION HELD AND/OR TITLE		IMMEDIATE SUPERVISOR AND TITLE			
DUTIES PERFORMED					
REASON FOR LEAVING					

PROFESSIONAL REFERENCES		
1. NAME	RELATIONSHIP	TELEPHONE ()
2. NAME	RELATIONSHIP	TELEPHONE ()
3. NAME	RELATIONSHIP	TELEPHONE ()

**NOTICE TO APPLICANTS
PLEASE READ BEFORE SIGNING**

Nestor Sales LLC is an Equal Employment Opportunity / Affirmative Action Employer that makes employment decisions without regard to age, sex, color, race, creed, national origin, religious persuasion, marital status, pregnancy and any pregnancy-related condition, political belief, sexual orientation, disability that does not prohibit performance of essential job functions, veteran status, or any other category protected by any local, state, or federal law, ordinance, or regulation. The opportunity for employment will be based solely upon your qualifications and ability to perform the job for which you are being considered. We also reasonably accommodate individuals with disabilities and handicaps.

Nestor Sales LLC complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. You may also be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept in confidential files.

Nestor Sales LLC also maintain a Drug-Free Workplace in accordance with all applicable State and Federal regulations, copies of which, together with the employer's Drug-Free Workplace Policy are available for inspection at all reasonable times by applicants or employees upon request.

PLEASE READ AND SIGN THE STATEMENTS BELOW

- 1) I understand that, if hired, I will be placed in a probationary status. I further understand that if I am terminated for unsatisfactory work performance within this probationary period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination. _____ (Initial)
- 2) I understand that as a condition of my employment, I must take and pass a pre employment urine and/or blood test at authorized threshold levels for any or all of the drugs or alcohol listed by the employer's Drug-Free Workplace Policy, a copy of which I may request for review prior to testing. _____ (Initial)
- 3) I further understand, subject to confidentiality constraints and rights of appeal granted by State and Federal law, if the results of my pre employment drug and/or alcohol tests are POSITIVE (indicating substance abuse) and are received by the employer prior to or within the probationary employment period, notwithstanding any other disciplinary provisions contained in the employer's Drug-Free Workplace Policy statement, I will be terminated for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain. _____ (Initial)
- 4) I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such change(s); that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment and compensation is "at will" and that they may be terminated at my option or at the option of my employer with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by the President of Nestor Sales LLC. _____ (Initial)
- 5) I certify that all information given to the employer by me in the form of an employment application, résumé, or related papers, or answers given by me during oral interviews, are true and correct. I understand the employer may conduct a thorough investigation of my past work and personal history. I authorize the giving and receiving of any such information requested by the employer in the course of such investigation and hereby release from liability all persons who provide such information to the employer. I understand that falsification or any derogatory information discovered as a result of investigation may subject me to immediate dismissal for cause and the employer may seek to deny unemployment benefits as a result of my termination. _____ (Initial)

Applicant Printed Name

Date

Applicant Signature

Applicant Data Form

In accordance with equal employment opportunity laws, Nestor Sales LLC is required to report sex and race/ethnic origin of applicants for employment. Submission of information is voluntary, and failure to provide it will not subject you to any adverse treatment. Your cooperation is appreciated.

Name: _____
Last First M.I.

Date of Application: _____

Position(s) Applied For: (include requisition number when available)

Indicate how you learned of this vacancy: (place an "x" in front of the category that best applies)

- Classified Ad - Please specify source _____
- Direct Inquiry to Human Resources
- Employee - Please specify source _____
- Internet Posting - Please specify source _____
- School Posting - Please specify source _____
- Other -- Please specify _____

Indicate Sex: (place an "x" in front of the category that best applies)

- Male
- Female

Indicate Race/Ethnic Group: (place an "x" in front of the category that best applies)

- White, not of Hispanic Origin
- Black, not of Hispanic Origin
- Asian (including persons having origins in the Indian subcontinent)
- Pacific Islander
- Hispanic
- American Indian or Alaskan Native
- Other

Indicate Veteran Status: (place an "x" in front of the category that best applies)

- Vietnam Era Veteran
- Special Disabled Veteran
- Newly Separated Veteran
- Other Eligible Veteran

Nestor Sales LLC is an equal opportunity company and does not discriminate on the basis of race, color, sex, national origin, religion, age, disability or veteran status in admission or access to, or treatment or employment in, its programs and activities.