



# SARATOGA EAGLE EMPLOYMENT APPLICATION

SARATOGA EAGLE  
SALES & SERVICE

Saratoga Eagle Sales and Service, Inc is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, creed, sex, age, marital status, national origin, disability, military service, genetic predisposition or carrier status, arrest record, or any other protected status under applicable Federal, State and Local laws.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		
Date Available				Desired Salary:	
Position Applied for					
If hired, are you able to provide proof of authorization to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?			
Other than minor traffic violation, have you ever been convicted of a crime?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:			
Are you under 18 years old?	YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you able to perform all the essential functions of the job for which you are applying, with or without reasonable accommodation?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
EDUCATION					
High School		Address			
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:			
College		Address			
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree			
Other		Address			
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree			
Please list any academic honors, scholarships, fellowships or memberships in academic honor societies (please exclude those indicating race, color, religion, national origin, gender, etc.)					
Are you a licensed member of any trade or profession?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please detail:					

**REFERENCES**

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	( )
Address			
Full Name		Relationship	
Company		Phone	( )
Address			
Full Name		Relationship	
Company		Phone	( )
Address			

**EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT EMPLOYER)**

Company		Phone	( )		
Address		Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	( )		
Address		Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	( )		
Address		Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Attach additional sheets and/or resume, if necessary.

**MILITARY SERVICE**

Branch		From		To	
Rank at Discharge					
List special skills/ability acquired					

**DISCLAIMER AND SIGNATURE**

**You must read the following statements. If you have any question concerning these statements, please ask before you sign.**

*By signing my name below, I certify that all statements made on this application are true, complete and correct to the best of my knowledge and that I understand that any false statements, misrepresentations or omissions may, at the discretion of Try-it Distributing Company, result in rejection of this employment application or immediate dismissal from employment.*

*By signing my name below, I expressly authorize Try-it Distributing Company to contact any of my prior employers or references listed above. I also expressly release all of those prior employers and references and Try-it Distributing Company from any and all liability arising from their giving or receiving information about me.*

*In the event of my employment with Try-it Distributing Company, I will comply with all rules, regulations, and policies of Try-it Distributing Company, Inc. I understand that nothing in this employment application, in the Company's policy statements, employee handbooks, or personnel guidelines, or in my communications with any Company officer or employee is intended to create and employment contract between Try-it Distributing Company and me. I also understand that the Company has the right to modify its policies without giving me any notice of the changes. I acknowledge that no promises regarding employment have been made to me, and I also understand that no such promise or guarantee is binding upon the Company unless it is made in writing and signed by an officer of Try-it Distributing Company, Inc. I understand that if an employment relationship is established, I have the right to terminate that employment at any time for any reason or no reason and also that Try-it Distribution Company has the right to terminate that employment at any time, for any reason or no reason, with or without cause.*

*I understand that this application becomes void and will not be considered after sixty (60) days, unless renewed in writing by me. I hereby acknowledge that I have read and do understand the preceding statement.*

Signature		Date	
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