



**CORPORATE OFFICE**  
1420 S. Bon View Ave.  
Ontario, CA 91761  
(909) 947-0028

**MAILING ADDRESS**  
P.O. Box 3340  
Ontario, CA 91761

# APPLICATION FOR EMPLOYMENT

## PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER

### Notice to Applicants of Pre-Employment Drug Screening and Physical

Western States Wholesale is dedicated to providing a safe and hazard-free work environment for all employees. Therefore, all selected applicants must pass a pre-employment screening prior to hire.

### Personal Information

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		LAST FOUR DIGITS OF SOCIAL SECURITY #	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL		
REFERRED BY			

### Employment Desired

POSITION	DATE YOU CAN START
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO OR BEEN EMPLOYED BY WSW BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHERE AND WHEN?
DO YOU KNOW ANYONE EMPLOYED BY WSW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHO?

### Education History

HIGH SCHOOL	YEARS ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECTS STUDIED
COLLEGE	YEARS ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECTS STUDIED
TRADE OR OTHER SCHOOL	YEARS ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECTS STUDIED

### General Information

SPECIAL TRAINING AND SKILLS	
ACCOMPLISHMENTS	MILITARY SERVICE

**Employment History (list in reverse order, starting with the most recent)**

EMPLOYER NAME		POSITION HELD	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
EMPLOYMENT DATES —	REASON FOR LEAVING		
EMPLOYER PHONE NUMBER	CONTACT PERSON		

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## Additional Information

Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO		If not, do you have a valid work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have the legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		Can you provide proof of your legal right to live and work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you omitted any employer from your work history? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, why?	
Have you ever been discharged, asked to resign, or forced to resign from work? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you understand the term "At-Will Employment"? <input type="checkbox"/> YES <input type="checkbox"/> NO		What is "At-Will Employment"?	
Please describe yourself and how you could be an asset to this company.			
What is a work ethic?		Please write three words to describe your work ethic.	
Do you work hard or do you work smart? (choose only one) <input type="checkbox"/> WORK HARD <input type="checkbox"/> WORK SMART		How rapidly do you learn new tasks? (choose only one) <input type="checkbox"/> QUICKLY <input type="checkbox"/> EVENTUALLY <input type="checkbox"/> SOMETIMES	
Do you follow directions well? <input type="checkbox"/> YES <input type="checkbox"/> NO	Please offer an example.		
Have you ever lied to an employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Please describe your three greatest weaknesses.		
Did you give any answer on this application of which you're not positive? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If so, please explain.			
Did you guess any answer because you thought it was irrelevant? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If so, please explain.			

## References (include three people not related to you, whom you've known for at least 1 year)

NAME	HOW KNOWN?	YEARS KNOWN	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER			

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- I have been made aware that Western States Wholesale (“the company”), in compliance with Federal and State equal opportunity employment laws, considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.
- I hereby authorize Western States Wholesale to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment. Further, I authorize the former employers, schools, health care providers, references, and other persons I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. I also hereby release the company, my former employers, and all persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of, or in any way related to, such investigation or disclosure.
- I understand that nothing contained in this application, or conveyed during any interview or employment that may be granted, is intended to create an employment contract between me and Western States Wholesale. Additionally, I understand and agree that if I am hired, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding unless made in writing and signed by me and Western States Wholesale’s designated representative.
- I understand that all offers of employment are conditioned on the company’s receipt of a satisfactorily completed post-offer, pre-employment medical examination, including but not limited to a drug/alcohol test and/or physical exam for specified job categories.
- Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Western States Wholesale, I am entitled to copies of any such records obtained by the company unless I check the box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.
- I waive receipt of a copy of any public records described in the paragraph above.

This certifies that I, the undersigned applicant, have personally completed this application, that I have not knowingly withheld any information that might adversely affect my chances for employment, and that all information provided is true and complete to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of time elapsed before discovery. Further, I understand that I am required to abide by all rules and regulations of the company at all times.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_