



APPLICANT INFORMATION

Form fields for personal information: Last Name, First, M.I., Date, Street Address, Apartment/Unit #, City, State, ZIP, Phone, E-mail Address, Driver License #, State, Class, Date Available, Social Security No., Desired Salary.

Position Applied for

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying for: Yes No If yes please explain:

Are you legally authorized to work in the United States? YES NO

Have you ever worked for this company? YES NO If so, when?

Have you ever been convicted of a felony? YES NO If yes, explain

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Outside Sales Candidates Only: Have you been involved in any vehicle accidents during the last 3 years: Yes No

If yes please explain:

EDUCATION

High School Address

Did you graduate? YES NO Degree

College Address

Did you graduate? YES NO Degree

Other Address

Did you graduate? YES NO Degree

HOME ADDRESS FOR THE PAST 7 YEARS:

Street address, City, State, Zip

Month Year to Month Year

Street address, City, State, Zip

Month Year to Month Year

Street address, City, State, Zip

Month Year to Month Year

Street address, City, State, Zip

Month Year to Month Year

Street address, City, State, Zip

Month Year to Month Year

TOLL FREE: 800-745-1778 | 1 Dorrington Road | Carnegie, PA 15106 | distributorserviceinc.com



EMPLOYMENT HISTORY

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 NO

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 NO

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 NO

REFERENCES

Name _____ Address _____ Phone _____

Business Name _____ Years Known _____ Professionally _____ Socially _____

Name _____ Address _____ Phone _____

Business Name _____ Years Known _____ Professionally _____ Socially _____

Name _____ Address _____ Phone _____

Business Name _____ Years Known _____ Professionally _____ Socially _____

Name _____ Address _____ Phone _____

Business Name _____ Years Known _____ Professionally _____ Socially _____

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Pittsburgh | Cleveland | Columbus | Cincinnati | Millersburg | Indianapolis | Louisville | Detroit



DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant
Signature

Date

Submit DSI Job Application



PRE-EMPLOYMENT DRUG TESTING FORM

It is the goal of Distributor Service, Inc. to provide a Drug Free Environment for all of its employees. Pre-employment drug and or alcohol testing is mandatory for all potential employees.

Distributor Service, Inc. recognizes that a dilute Sample can be caused by certain medical conditions, excessive hydration and or deliberate over-hydration in attempt to defeat a urine drug screen. While it is not a violation of company policy to return a "Dilute Sample" result, DSI requires the following to clarify situations where a "Dilute Sample" occurs:

- a. Pre-Employment Urine Drug Test – Should a pre-employment urine drug test sample be reported by the laboratory to the MRO as a "Dilute Specimen or have unusual levels of creatinine or specific gravity according to DHHS guidelines, Distributor Service, Inc. shall require the candidate for hire to provide another urine drug test to be taken immediately or as a second unannounced follow-up test at any time during the new hire introductory or probationary period. If the second urine drug is reported as a "Dilute Specimen", or as having unusual levels of creatinine or specific gravity according to DHHS guidelines, a certifying physician for the company or the MRO shall interview the employee and provide a letter to the company stating the reason for the "Dilute Specimen".

I hereby give my consent to a drug and or alcohol test by my potential employer. I understand that the results will become part of my employment record.

Signature: _____

Print Name Above: _____

Date: _____