



HAJOCA CORPORATION

Wholesale Distributor
Plumbing, Heating, Air Conditioning,
Industrial Products, Energy Saving Equipment,
Refrigeration, Well, and Pool Supplies

Employment Application

EOE and M/F/D/V

NAME (LAST, FIRST, MIDDLE INITIAL)

PRESENT ADDRESS (STREET, CITY, STATE & ZIP CODE)		YEARS AT RESIDENCE	PHONE NO () -
PERMANENT ADDRESS (STREET, CITY, STATE & ZIP CODE)		YEARS AT RESIDENCE	PHONE NO () -
DATE OF APPLICATION	DATE YOU CAN START EMPLOYMENT WITH HAJOCA	POSITION DESIRED	SALARY DESIRED

DO YOU HAVE THE LEGAL RIGHT TO ACCEPT PERMANENT EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN	
HAVE YOU BEEN EMPLOYED BY HAJOCA PREVIOUSLY? <input type="checkbox"/> YES WHEN? <input type="checkbox"/> NO	WHAT POSITION?	REASON FOR LEAVING?

EDUCATION

	NAME & LOCATION OF SCHOOL (City & State)	NUMBER OF YEARS ATTENDED	MAIN COURSES STUDIED/MAJOR	DID YOU GRADUATE?	DIPLOMA/ DEGREE/GPA
HIGH SCHOOL					
COLLEGE					
OTHER: (Specify)					

EMPLOYMENT HISTORY

LIST YOUR LAST OR CURRENT EMPLOYMENT FIRST
 INCLUDE UNPAID & VOLUNTARY WORK , MILITARY SERVICE, AND ANY LAPSES IN TIME

DATES EMPLOYED FROM TO				COMPLETE NAME & ADDRESS OF EMPLOYER	SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER	YOUR TITLE & PRIMARY RESPONSIBILITIES	FINAL RATE OF PAY	REASON FOR LEAVING	MAY WE CONTACT?
MO	YR	MO	YR						
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No

(OVER)

ADDITIONAL QUALIFICATIONS

DESCRIBE ANY SKILLS OR ABILITIES RELATED TO THE JOB FOR WHICH YOU ARE APPLYING.

DRIVING INFORMATION

LICENSE NUMBER(S)	STATE(S)	EXPIRATION DATE	RESTRICTIONS
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HAS YOUR LICENSE EVER BEEN REVOKED?	TYPE OF VEHICLES YOU ARE ABLE, AND LICENSED, TO OPERATE
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I AUTHORIZE HAJOCA TO OBTAIN MY DRIVING RECORD FROM THE STATE DEPARTMENT OF MOTOR VEHICLES	
SIGNED	DATE

WERE YOU CONVICTED OF ANY MOVING TRAFFIC VIOLATIONS IN THE LAST THREE (3) YEARS? YES NO

DATE	IF YES, LIST OFFENSE, COUNTY, COURT, AND STATE (Conviction is not an absolute bar from employment.)
MO YR	

WERE YOU INVOLVED IN ANY ACCIDENTS IN THE LAST THREE (3) YEARS, WHERE YOU WERE THE DRIVER OF THE VEHICLE? YES NO

DATE	DESCRIBE (INDICATE IF ANY DEATHS OR PERSONAL INJURIES WERE INVOLVED)
MO YR	

PERSONAL REFERENCES

NAME	COMPLETE ADDRESS AND PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

EMERGENCY CONTACT

NAME	ADDRESS	PHONE NO

Hajoca Corporation provides all applicants the opportunity to complete a Voluntary Self-ID Form (Form 1112).

FAIR CREDIT REPORTING ACT - PRE-NOTIFICATION (Please read before signing)

I hereby authorize **Hajoca and/or its agents** to verify the information I have given, and to investigate my background as deemed necessary. I authorize former employers, personal references, or any other agencies, institutions, or persons to provide **Hajoca and/or its agents** with any information they have regarding me, without receiving written notification from me. I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to **Hajoca and/or its agents** by present or former employers.

I understand my Motor Vehicle Record will be reviewed; and that if required to drive a company vehicle, my employment will be contingent upon, my insurability. I understand that IF I am employed, and IF my position with the Company depends on said record results, and said results are unfavorable, I will be dismissed. Additionally, if at any time my records reflect incidents that result in my being deemed uninsurable, I will be dismissed.

CERTIFICATION (Please read before signing)

In consideration of my employment, I agree to conform to the Company's policies, rules, and regulations. I understand that in the event I am employed by the Company, I am employed "at-will," which means the term of employment is not definite, and my employment may be terminated at any time, with or without cause or notice, by either my employer or myself. The aforementioned constitutes the entire agreement between the Company and myself on the subject of termination, layoff, and/or discharge, and can only be changed by a written agreement signed and executed by an officer of the Company.

I represent that the answers and information given by me in this Application are true and complete to the best of my knowledge. Without limiting the at-will employment relationship, I understand that my employment may be terminated at any time if the Company discovers that I have provided incomplete, untrue, or misleading answers in this Application, or on any other document or form executed by me at any time during my employment.

SUBSTANCE ABUSE COMPLIANCE (Please read before signing)

I understand that in accordance with Company policy, all prospective employees must successfully pass a drug and/or alcohol test as a condition of employment. By my signature below, I acknowledge and consent to a Drug and/or Alcohol test as part of the pre-employment process.

SIGNATURE _____

DATE _____