PPI Distributors, Inc.

4099 Soto St Riverside CA 92509 Phone: (951)416-7025

sales@PPIDistributors.com

Application for Employment

	Date:	
Name:		DOB:
Address:	City:	Zip:
Home Phone:	Cell Phone:	
Email Address:		
How did you hear about PPI Distrib	outors Inc.?	
Employment Desired:		
Position:	Date you can Start:	Salary Desired:
Ever applied here before?	When?	
Education:		
Highest Level:	Years Attended	Did you graduate?
Grammar School		
High School		
College		
Trade School		
General: Subject or Special Training/skills:		
Are You Bilingual?	If Yes, Which langua	ages?

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employed From/To	Company Name, Address, City, State, Zip	
		Phone:
		Supervisor's Name:
		Supervisor's Ext.#:
	Your Job Title:	
	Your Duties:	
i i	Reason for Leaving:	
	May we contact this employer for a reference? ☐ Yes ☐ No	Salary:
100		Phone:
		Supervisor's Name:
		Supervisor's Ext.#:
0	Your Job Title:	11
	Your Duties:	
	Reason for Leaving:	
	May we contact this employer for a reference? ☐ Yes ☐ No	Salary:
		Phone:
		Supervisor's Name:
	CONTROL FOR A STATE OF THE STAT	Supervisor's Ext.#:
i i	Your Job Title:	
	Your Duties:	
	Reason for Leaving:	
	May we contact this employer for a reference? ☐ Yes ☐ No	Salary:

Attach additional pages if necessary.

References

Name:	Address:	Address:	
Phone:			
Occupation:	# Years Acquainted:		
Name:	Address:		
Phone:			
Occupation:	# Years Acquainted:		
Name:	Address:		
Phone:			
Occupation:	# Years Acquainted:		

Please list your class schedule and the times that you are available to work throughout the week.
Are you available to work after hours/holidays?
Are you able to work weekends?
Are You Mobil?

Please fill out by hand and email to: sales@PPIDistributorsinc.com
Thank you!