



1010 Conshohocken Road, Conshohocken, PA 19428 P: 610.279.5777 F: 610.279.7973
668 Berlin Cross Keys Road, Sicklerville, NJ 08081 P: 856.740.1400 F: 856.740.1940

Employment Application

Section A. Personal Information

**Fill out Completely and Please Print Clearly*

IT IS OF THE UPMOST IMPORTANCE THAT ALL INFORMATION GIVEN ON THIS APPLICATION BE ACCURATE. IT IS OUR POLICY TO VERIFY INFORMATION REGARDING AN APPLICANT'S BACKGROUND, INCLUDING BUT NOT LIMITED TO, SUCH ITEMS AS DATES OF EMPLOYMENT, SALARY PROGRESSIONS, AND REASONS FOR LEAVING PRESENT AND/OR PREVIOUS EMPLOYMENT.

Last Name: _____ First Name: _____ Middle Initial: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cellular Phone Number: _____

I am a U.S. Citizen or National of the U.S., an alien lawfully working for permanent residence, or an alien authorized to work in the U.S. for Norris Sales Company, Inc _____ YES _____ NO

Note: Upon request, prior to commencement of employment, you must provide documents that establish your identity and authorization to work in the United States.

Are you under the age of 18? _____ YES _____ NO (If your answer is yes, you must supply working papers if hired)

Section B. Position

**Fill out Completely and Please Print Clearly*

Type of Employment Desired: _____ Full-time _____ Part-time _____ Temporary _____ Seasonal

Position Applied For: _____ First Date Available: _____

Salary/Hourly requirement: _____

Have you ever applied or interviewed for a position with Norris Sales Company? _____ YES _____ NO

If Yes, Date: _____ Position: _____

Have you ever been employed by Norris Sales Company? _____ YES _____ NO

If Yes, Date: _____ Position: _____

Reason for leaving: _____

Referred for this position by: _____

Section C. Background

**Fill out Completely and Please Print Clearly*

Have you ever been convicted of, pleaded guilty or "no contest" (nolo contendere) to any felony?
_____ YES _____ NO If yes, please explain (use additional paper if necessary)

Note: Disclosure of convictions does not automatically disqualify you from employment consideration.

If the position requires driving do you have a valid driver's license? _____ YES _____ NO



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Section D. Employment History

**Fill out Completely and Please Print Clearly*

Present employer: _____
Address: _____ City: _____
State: _____ Zip: _____ Job Title: _____
Employed from: _____ to _____ Start salary: _____ End salary: _____
Other compensation: _____
Major duties: _____
Reason for leaving: _____
Supervisor's name and phone number: _____
May we contact your present employer? YES NO
If no, explain why _____

Previous employer: _____
Address: _____ City: _____
State: _____ Zip: _____ Job Title: _____
Employed from: _____ to _____ Start salary: _____ End salary: _____
Other compensation: _____
Major duties: _____
Reason for leaving: _____
Supervisor's name and phone number: _____

Previous employer: _____
Address: _____ City: _____
State: _____ Zip: _____ Job Title: _____
Employed from: _____ to _____ Start salary: _____ End salary: _____
Other compensation: _____
Major duties: _____
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Supervisor's name and phone number: _____



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Section E. Professional References

**Fill out Completely and Please Print Clearly*

Name	Relationship	Company	Telephone Number

Section F. Education

**Fill out Completely and Please Print Clearly*

	Name	City, State	Course/Degree	# of Years Completed
High School				
Business or Vocational School				
College				
Graduate of Other School				

Section G. Skills Summary

**Fill out Completely and Please Print Clearly*

Describe any other experience, skills or qualifications that you feel would help you perform the job for which you are applying:

Section H. Professional Memberships

**Fill out Completely and Please Print Clearly*

List any professional, trade, business or civic organizations you belong to that deal with the position for which you are applying. Please explain your participation and list offices held. (Omit any organization that reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)



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Section I. Applicant Statement

**Please Read Carefully*

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME IN THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) IS CORRECT, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY FACTS IN SAID DOCUMENTS WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT REGARDLESS OF THE TIMING OR CIRCUMSTANCES OF DISCOVERY.

I UNDERSTAND THAT SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE EMPLOYMENT. I FURTHER UNDERSTAND THAT, SHOULD AN OFFER OF EMPLOYMENT BE EXTENDED BY NORRIS SALES COMPANY, THAT SUCH EMPLOYMENT WITH NORRIS SALES COMPANY IS AT WILL, FOR NO SPECIFIED DURATION AND MAY BE TERMINATED BY EITHER NORRIS SALES COMPANY OR MYSELF AT ANY TIME, WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NONE OF THE DOCUMENTS, POLICIES, PROCEDURES, ACTIONS, STATEMENTS OF NORRIS SALES COMPANY OR ITS REPRESENTATIVES USED DURING THE EMPLOYMENT PROCESS IS DEEMED A CONTRACT OF EMPLOYMENT REAL OR IMPLIED. I UNDERSTAND THAT NO REPRESENTATIVE OF NORRIS SALES COMPANY EXCEPT THE PRESIDENT HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT GUARANTEEING ANY CONDITIONS OF EMPLOYMENT OR ANY AGREEMENT CONTRARY TO THE FOREGOING STATEMENTS AND THAT ANY SUCH AGREEMENTS MUST BE MADE IN WRITING AND SIGNED BY THE PRESIDENT OF NORRIS SALES COMPANY.

IN CONSIDERATION FOR EMPLOYMENT WITH NORRIS SALES COMPANY, IF EMPLOYED, I AGREE TO CONFORM TO THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF NORRIS SALES COMPANY AT ALL TIMES AND UNDERSTAND THAT SUCH OBEDIENCE IS A CONDITION OF EMPLOYMENT.

I UNDERSTAND THAT IF OFFERED A POSITION WITH NORRIS SALES COMPANY, I MAY BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT MEDICAL EXAMINATION, DRUG SCREENING, BACKGROUND CHECK, AND/OR CREDIT CHECK AS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT UNSATISFACTORY RESULTS FROM, REFUSAL TO COOPERATE WITH, OR ANY ATTEMPT TO AFFECT THE RESULTS OF THESE PRE-EMPLOYMENT TESTS AND CHECKS WILL RESULT IN WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION OF EMPLOYMENT IF ALREADY EMPLOYED.

I HEREBY AUTHORIZE ANY AND ALL SCHOOLS, FORMER EMPLOYERS, REFERENCES, COURTS, AND ANY OTHERS WHO HAVE INFORMATION ABOUT ME TO PROVIDE SUCH INFORMATION TO NORRIS SALES COMPANY AND/OR ANY OF ITS REPRESENTATIVES, AGENTS OR VENDORS AND I RELEASE ALL PARTIES INVOLVED FROM ANY AND ALL LIABILITY FOR ANY AND ALL DAMAGE THAT MAY RESULT FROM PROVIDING SUCH INFORMATION.

I UNDERSTAND THAT THIS APPLICATION IS CONSIDERED CURRENT FOR SIX MONTHS. IF I WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER SIX MONTHS FROM COMPLETION OF THIS APPLICATION FORM, I WILL NEED TO COMPLETE A NEW APPLICATION FORM.

Signature of Applicant: _____ **Date:** _____