Gotham Distributing Corporation

60 Portland Road, West Conshohocken, PA 19428 Phone: 610-649-7650 Fax: 610-649-0315

POSITION APPLIED FOR:

	APPLICANT TELEPHONE:							
Employmer	it Appl	lica	tion	SOCIAL	SECURITY NUMBER	:		
YOUR NAME:								
Last		First			Middle	9		
ADDRESS:			ARE YOU LE	LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?				
			Yes	No	(If yes, verification wi	II be required	d.)	
			I AM SEEKIN	G A PERMANE	NT POSITION:	Ye	s 🗌 No	
			IF NECESSA	RY FOR THE JO	OB I AM ABLE TO:			
Are you able to perform the essentia	al functions		Work (v	vhich shifts)?				
of the position with or without accor	nmodations?		Work overtime?					
Yes	No		Provide a valid Drivers License?					
IF NECESSARY FOR THE JOB, ARE YO I WILL BE ABLE TO REPORT TO WOR		,			_181921_			
EDUCATION:				Yrs. Completed	Field of Study	Gradu	ate or Degree	
High School								
College/University								
Business/Technical								
Other (May include grammar school)								
MILITARY SERVICE:	No							
Duty/Specialized Training:	nces who are not relat	ives or forr	ner supervisor	s.				
Name	Address	ldress Tele		phone Occupation			Years known	
Name	Address	dress		Telephone Oco			Years knowr	
	nt first. Include summe here, in the summary							
Employer Name and Address	Position Title/E	Position Title/Duties Skills				Date Emple from		
							to	
						Reason for leaving		
	Supervisor's N	ame:		Telepho	ne:			
Employer Name and Address	Position Title/	Position Title/Duties Skills					Date Employed	
			-			from	to	
						Reason for	l leaving	
	Supervisor's N	ame:		Telepho	ne:			

Employer Name and Address	Position Title/Duties Skills	Position Title/Duties Skills			
			from to		
			Reason for leaving		
	Supervisor's Name:	Telephone:			
			Date Employed		
Employer Name and Address	Position Title/Duties Skills	Position Title/Duties Skills			
			from to		
			Reason for leaving		
	Supervisor's Name:	Telephone:			
Summarize other employment related to this job:	·				
Types of computers, other electronic o equipment that you are qualified to ope					
Typing speed: per minute.					
Professional Licenses, Certifications or	Registrations:				
Additional skills including supervision s regarding the career/occupation you w	kills, other languages, or information sh to bring to the employer's attention:				
In case of accident or illness please co	ntact: Name:	[Daytime phone:		
Address:			Relationship:		
reference may be checked. If you have	of our procedure for processing your employ misrepresented or omitted any facts on this may make a written request for information o	application, and are subsequen	tly hired, you		
	be required to supply your birth certificate or rug test, or to sign a conflict of interest agree	•	work in the US,		
I understand and agree to the informat	on shown above:				
Signature:	nature: Date:				
	e many employers are required by federal lav I employment opportunity and may ask your		-		

reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Employer Section: