

# Employment Application



IFD is an independent foodservice distributor, family owned and operated since 1947. We've grown our business by keeping our Customers happy and by providing quality products at a great price. At IFD, we are dedicated to exceeding Customer expectations.

We are committed to a policy of equal treatment and opportunity in every aspect of our employment relations without regard to race, color, creed religion, sex, sexual orientation, gender identity, national origin, age, marital status, disability, familial status, or status regarding public assistance. This includes, but is not limited to, recruiting, hiring, selection for training, transfer, promotion, demotion, disciplinary action, termination, compensation, or any company sponsored social and recreational programs.

***Please complete all sections of the application.  
Incomplete submissions may result in your application not being considered for employment.***

<b>Applicant Information</b> <i>* Indicates required field</i>		DATE: _____
<i>First Name*</i>	<i>Last Name*</i>	<i>MI*</i>
<i>Email Address*</i>		
<i>Street Address*</i>	<i>City / State*</i>	<i>Zip Code*</i>
<i>Phone*</i>	<i>Over Age 18? *</i>	<input type="radio"/> Yes <input type="radio"/> No
<i>Have you been employed with IFD before? *</i>		<input type="radio"/> Yes <input type="radio"/> No
<i>Do you have any relatives that work for IFD? If yes, please list. *</i>		<input type="radio"/> Yes <input type="radio"/> No
<i>How did you hear about us?*</i>	<input type="radio"/> Current IFD Employee	<input type="radio"/> Website <input type="radio"/> Other
<i>Name of employee, website, or other*</i>		
<i>Position for which you are applying *</i>		



## Education / Training

Name and Location	Course of Study / Degree	Graduated?
<i>High School: *</i>		<input type="radio"/> Yes <input type="radio"/> No
<i>Technical:</i>		<input type="radio"/> Yes <input type="radio"/> No
<i>College:</i>		<input type="radio"/> Yes <input type="radio"/> No
<i>Military:</i>		

*Professional Memberships / Certifications:*

## Employment History\* (previous 10 years)

Name and Location of Company	Title / Duties	Date Started	Date Ended

## Skills & Abilities\*

Forklift Certification?	<input type="radio"/> Yes <input type="radio"/> No	Years of Experience: _____
Sit Down Forklift Experience?	<input type="radio"/> Yes <input type="radio"/> No	Years of Experience: _____
Stand Up Reach Truck Experience?	<input type="radio"/> Yes <input type="radio"/> No	Years of Experience: _____
Pallet Mover / Walking Experience?	<input type="radio"/> Yes <input type="radio"/> No	Years of Experience: _____
Pallet Mover / Riding Experience?	<input type="radio"/> Yes <input type="radio"/> No	Years of Experience: _____
Valid CDL?	<input type="radio"/> Yes <input type="radio"/> No	Class: _____
Valid Driver's License?	<input type="radio"/> Yes <input type="radio"/> No	State: _____

Additional Skills / Abilities: