

# INDEPENDENT DISTRIBUTOR APPLICATION

(Answer All Questions - Please Print)

Date of Application: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

City

State

ZIP

Phone No: (      )

Social Security Number: \_\_\_\_\_

Have you ever applied for a distributorship with this Company or any of its affiliates?      YES      NO

If so, when ?

Have you ever been an employee with this Company or any of its affiliates?      YES      NO

If so, when ?

Why are you interested in becoming an independent distributor for this Company ?

Have you ever been convicted of, or have you pleaded guilty or no contest to, a felony or misdemeanor offense ? (exclude only minor traffic violations)      YES      NO

Conviction of a crime is not an automatic bar from the distributor program. All circumstances will be considered. If YES, please explain.

## PERSONAL REFERENCES

List 3 personal references. Do not include any relatives.

Name	Occupation	Address	Phone Number
1.			
2.			
3.			

## WORK HISTORY

List below your 3 most recent employers beginning with the current or most recent one.

<b>Employer:</b>	<b>Employed From:</b> _____ <b>Mo./Yr.</b>
<b>Address:</b>	<b>To:</b> _____ <b>Mo./Yr.</b>
<b>Phone No:</b> (        )	
<b>Your Job Title:</b>	<b>Final Supervisor:</b>
<b>Starting Pay:</b>	<b>Final Pay:</b>
<b>Description of Work and Responsibilities:</b>	
<b>Reason for Leaving:</b>	
<b>Employer:</b>	<b>Employed From:</b> _____ <b>Mo./Yr.</b>
<b>Address:</b>	<b>To:</b> _____ <b>Mo./Yr.</b>
<b>Phone No:</b> (        )	
<b>Your Job Title:</b>	<b>Final Supervisor:</b>
<b>Starting Pay:</b>	<b>Final Pay:</b>
<b>Description of Work and Responsibilities:</b>	
<b>Reason for Leaving:</b>	
<b>Employer:</b>	<b>Employed From:</b> _____ <b>Mo./Yr.</b>
<b>Address:</b>	<b>To:</b> _____ <b>Mo./Yr.</b>
<b>Phone No:</b> (        )	
<b>Your Job Title:</b>	<b>Final Supervisor:</b>
<b>Starting Pay:</b>	<b>Final Pay:</b>
<b>Description of Work and Responsibilities:</b>	
<b>Reason for Leaving:</b>	

**EDUCATIONAL DATA**

	<b>Elementary</b>	<b>High School</b>	<b>College/ University</b>	<b>Graduate/ Professional</b>
<b>School</b>				
<b>Years completed</b>		<b>9 10 11 12</b>	<b>1 2 3 4</b>	<b>1 2 3 4</b>
<b>Diploma/Degree</b>				
<b>Describe Course of Study</b>				
<b>Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities</b>				

**AGREEMENT**

**(Please read the following statements carefully and sign in the space provided.)**

I hereby certify that the facts set forth in this Distributor Application are true and complete to the best of my knowledge and agree that any misrepresentation or concealment of a material fact may disqualify me from further consideration as an independent distributor for this company.

I hereby authorize the employees and references listed above to give this company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release this company and all such employers and references from all liability for any damages whatsoever in furnishing such information.

I understand that in connection with my Distributor Application an inquiry into my background may include an investigative consumer report, which provides reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of the report.

I understand that if I become an independent distributor for this company, I will be an independent contractor and neither I nor any of my employees, agents, or servants shall be considered or deemed in any way to be employees, agents or servants of the company.

I further understand and agree that any modification of this Agreement must be in writing and duly executed.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**