

A Division of Natural Organics, Inc.
548 Broadhollow Road, Melville, NY 11747

Outside Sales Application

Position Applied For	Date m/d/yy
Social Security Number — —	

PERSONAL DATA

First Name	MI	Last Name	Title/Suffix
Street Address	City	State	Zip
# Years at Current Add.	Previous Address (if less than 5 years)		
Home Phone — —	Cell Phone — —	Email	

Referral Source

Driver's License Number	State of Issue Expires
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Have you ever had your license revoked, your insurance suspended, or been convicted of a DUI?

Within the past 10 years, have you been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide a detailed explanation
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Are you a Veteran of the U.S. Armed Forces?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what type of discharge did you receive?
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EDUCATION

School	Name	Location (City, State)	Number of Years Completed	Degree Received and Area of Study
High School				
College				
Graduate/Professional				
Other				

EMPLOYMENT HISTORY

Begin with current (or most recent) employer and work back.

Company Name	Start Date /	End Date /	Phone	—	—
Address	City	State	Zip		
Job Title	W2 Compensation	Product Type Sold			
Account Base Sold or Channel of Distribution					
Manager	Phone	—	—	Cell	—
Reason for leaving					
Company Name	Start Date /	End Date /	Phone	—	—
Address	City	State	Zip		
Job Title	W2 Compensation	Product Type Sold			
Account Base Sold or Channel of Distribution					
Manager	Phone	—	—	Cell	—
Reason for leaving					
Company Name	Start Date /	End Date /	Phone	—	—
Address	City	State	Zip		
Job Title	W2 Compensation	Product Type Sold			
Account Base Sold or Channel of Distribution					
Manager	Phone	—	—	Cell	—
Reason for leaving					
Company Name	Start Date /	End Date /	Phone	—	—
Address	City	State	Zip		
Job Title	W2 Compensation	Product Type Sold			
Account Base Sold or Channel of Distribution					
Manager	Phone	—	—	Cell	—
Reason for leaving					

SALES SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

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EMERGENCY CONTACTS

Name	Relationship
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Address	Contact Number — —
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Name	Relationship
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Address	Contact Number — —
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CERTIFICATION:

Please read, sign and date.

All applicants for employment are judged solely on the basis of qualifications and ability without regard to age, sex, race, creed, national origin, marital status, sexual orientation, or disability.

I understand and agree that employment with Nature's Plus® will be contingent upon satisfactory employment/education history verification. I further understand and agree that if employed, full-time employment will be conditional upon the satisfactory completion of a 90-day orientation period. It is also understood and agreed upon that any incomplete, misleading or false information by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that this application is not a contract of employment, and that either Nature's Plus® or I may terminate my employment at any time or for any reason consistent with applicable state or federal law. I further acknowledge that to be employed, I must be lawfully authorized to work in the United States and that I must show documents of proof of such authorization within three days of the start of any employment.