

BEVERAGE DISTRIBUTORS, INC.

Application for Employment

Beverage Distributors considers applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, citizenship, age, marital status, physical or mental disability, sexual orientation, medical condition or any other legally protected status.

(PLEASE PRINT)

Name		Date
Address		City /State/Zip
Home Telephone	DL#	Social Security Number
Position Desired		
Date Available		Salary Desired
How did you hear of opening? (list newspaper, referral, etc.)		

If employed, you will be required to submit proof of your legal right to work in the United States.

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you available to work: Full Time Part Time Overtime Weekends

Can you perform the essential job functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Conviction will not necessarily disqualify an applicant from employment.

Have you ever had any job-related training in the United States Military? Yes No

Branch of Service	Dates of Service	Rank
Duties/Special Training		Guard/Reserves Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No

Professional References: (list persons other than former employers or relatives)

Name	Address	Phone Number
1.		
2.		
3.		

Education

	Name and Location	No. of Years	Did You Graduate?	Course of Study/Degree
High School				
College/University				
Graduate				
Professional/Other				

Technical Skills

CDL -A Yes No Date Certified _____

Towmotor's License Yes No Date Certified _____

Are you proficient in:

Powerpoint Yes No

Word Yes No

Excel Yes No

AS/400 Yes No

Special Skills and Qualifications

Please explain your interest in this particular position, and related skills and abilities. Describe your relevant background and experience. *You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, or any other protected status.*

Employment Experience

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, or other protected status. If you need additional space, please continue on a separate piece of paper. Please fill out completely. Do not use "see resume."

Dates Employed: From _____ To _____

Starting Salary/Hourly Rate _____ Ending Salary/Hourly Rate _____

Job Title _____ Supervisor _____

Employer _____ Address _____

City/State/Zip _____ Telephone Number _____

Work Performed _____

Reason for Leaving _____

Dates Employed: From _____ To _____

Starting Salary/Hourly Rate _____ Ending Salary/Hourly Rate _____

Job Title _____ Supervisor _____

Employer _____ Address _____

City/State/Zip _____ Telephone Number _____

Work Performed _____

Reason for Leaving _____

Dates Employed: From _____ To _____

Starting Salary/Hourly Rate _____ Ending Salary/Hourly Rate _____

Job Title _____ Supervisor _____

Employer _____ Address _____

City/State/Zip _____ Telephone Number _____

Work Performed _____

Reason for Leaving _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____
(Prospective Employer)
for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

1. In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

(Signature of Requester)

(Date)

Applicant's Statement

1. I certify that all my statements and answers in this application are true and complete. I understand that any untrue or incomplete statements or omissions of requested information in this application, in interviews and/or in my resume may result in my later discharge, if I become employed by Beverage Distributors, Inc.

2. I authorize all schools which I attended and all of my previous employers to furnish to Beverage Distributors, Inc. or it's representatives my records, reason for leaving, and all information they may have concerning me, and I hereby release them and their employees and Beverage Distributors, Inc. and it's employees from all liability for any damage whatsoever arising therefrom. I also authorize and give permission to Beverage Distributors, Inc. and its representatives/agents to undertake a credit check and investigation of all statements in this application. I understand that, as a condition of employment, all applicants must satisfactorily complete a preemployment physical examination, including a urinalysis to screen for substance abuse.

3. I understand and agree that unless otherwise defined by applicable law, any employment relationship with Beverage Distributors, Inc. will be on an "at will" basis. Upon hire, I will be required to sign an employment agreement acknowledging my "at will" employment. This means that I may resign at any time and Beverage Distributors, Inc. may discharge me at any time, with or without cause or notice. Further, I acknowledge that the procedures, policies and practices of Beverage Distributors, Inc., its employee handbook, and the conditions of my employment, except the "at will" relationship, may be changed at any time by Beverage Distributors, Inc. in its sole discretion and do not and will not constitute an employment contract or imply any contractual obligations.

4. I understand that this "at will" employment relationship may not be changed by any verbal exchange, written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

5. I understand that, in the event of a job offer, I will be asked to submit for review and copying, documents indicating my legal authorization to work in the United States. This procedure is in compliance with the Immigration and Reform Act of 1986, which applies to all persons hired with any U.S. employer after November 6, 1986. Upon submission of these documents, I will also be asked to sign an INS form I-9 under penalty of perjury indicating that I am a citizen or national of the U.S., an alien lawfully admitted for permanent residence, or an alien who is otherwise authorized by immigration laws to obtain employment in the U.S.

Signature of Applicant _____ Date _____