



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____

Present Address: _____ Home Phone: _____

Work Phone: _____

Prior Address: _____ Soc. Sec. #: _____

Drv. Lic. #: _____

Over the age of 18? Yes No Type of Drv. Lic. Operator Chauffer CDL-A

Can you legally work in the United States? Yes No

If not, why? _____

Referred by: _____

AVAILABILITY

Position applied for: _____ Date available for work: _____

Type of employment: Full Part Temp Seasonal

If part-time, what days & hours _____ Days _____ Hours

Shift preference: Day Afternoon Nights Any

Would you work overtime if asked? Yes No

Rate of pay expected: _____ Currently working? Yes No

Have you applied previously? Yes No If yes, date applied and position: _____

SECURITY

Have you ever been bonded? Yes No Have you ever been denied bonding? Yes No

If yes, please explain _____

Have you ever been convicted of a felony and/or served time in the past seven years? Yes No

If yes, please explain giving dates and incident _____

Please Note: In case of conviction, a careful and thorough investigation will be made. Consideration will be given to the amount of time since the conviction, your employment history, the relationship between the type of employment considered for and the crime involved and any other circumstances or information that would pertain to your employment and the safe and efficient operation of the business. Failure to answer the above question may result in termination of employment.

EDUCATION

Circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

High school name: _____ City/State _____

College name: _____ City/State _____

Other: _____ City/State _____

Did you graduate? High School GED College

Type of Degree: _____

SPECIAL SKILLS

Please indicate skills for which you have received training:

Software Packages: _____

Foreign Languages: _____

Other: _____

EMPLOYMENT REFERENCES

Your application may not be considered unless every question is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Please start with most recent employer.

Most Recent Employer:

Company Name

Telephone Number

Address

Supervisor (Name & Title)

Job Title & Duties

Reason for Leaving

Date Hired

Date Left

Starting Rate

Last Rate

May we contact this employer? _____ Yes _____ No

Second Most Recent Employer:

Company Name

Telephone Number

Address

Supervisor (Name & Title)

Job Title & Duties

Reason for Leaving

Date Hired

Date Left

Starting Rate

Last Rate

May we contact this employer? _____ Yes _____ No

Third Most Recent Employer:

Company Name

Telephone Number

Address

Supervisor (Name & Title)

Job Title & Duties

Reason for Leaving

Date Hired

Date Left

Starting Rate

Last Rate

REFERENCES

Include only individuals familiar with your ability. Do not include relatives.

Name

Address

Phone Number

Years Known/Relationship

Name

Address

Phone Number

Years Known/Relationship

Name

Address

Phone Number

Years Known/Relationship

COMMENTS:

Have you been given a job description or had the requirements of the job explained to you? ____ Yes ____ No

Do you understand the requirements? ____ Yes ____ No

Can you perform the requirements of this job with or without reasonable accommodations? ____ Yes ____ No

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

JOB APPLICANT'S AGREEMENT, RELEASE & CERTIFICATON

"I understand that no promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon West Side Beer Distributing unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time without reason and that West Side Beer Distributing retains the same right."

"I understand that if employed, policies and rules which are issued are not conditions of employment other than at-will employment and that the employer may revise policies or procedures, in whole or in part, at any time."

"I understand that all qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. After an offer of employment, and prior to reporting to work, I will be required to submit to medical review and examination by a medical professional designated by the company, including testing for the presence of drugs in my body. In the event I have a disability which will affect my ability to take the test, I will so inform West Side Beer Distributing prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. West Side Beer Distributing reserves the right to require medical documentation concerning the need for accommodation."

"I understand and agree that the company may deduct from wages earned by me any amount of indebtedness to the company I have regardless of reason for the debt."

"I understand and agree that should I become employed by West Side Beer Distributing, I will not commence any action or suit relating to my employment with West Side Beer Distributing more than six months after the date of termination of such employment, and to waive any statue of limitation to the contrary. Should a court determine in some future action that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce the provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced. "

"I understand that the use of illegal drugs is prohibited during employment. I agree that the company may require me to take a physical examination including a drug test after an offer of employment is made and at any time during my employment (at company expense) to determine if I am physically fit for the job I am to perform."

"I understand that this application will be kept on file for 90 days from the date completed, after which time I would have to reapply in accordance with established company procedures. If hired, this application will become part of my official employment record.

"I certify that the information given by me in this application, attachments or oral interview are true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge, if found after employment. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

Applicant Signature

Date