

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire - An Equal Opportunity Employer PLEASE

PRINT

PERSONAL INFORMATION

DATE:_____/_____/____

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

CITY

STATE

ZIP

PHONE NO. _____ - _____ - _____

ARE YOU 18 YEARS OR OLDER? Yes ☐ No ☐

IF HIRED, PROOF OF YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY IN THE UNITED STATES MUST BE ESTABLISHED BY APPROPRIATE DOCUMENTATION AT THE TIME YOU BEGIN WORK AT SOUTHEAST BEVERAGE COMPANY.

ARE YOU WILLING TO WORK IRREGULAR SCHEDULE, OVERTIME, ON DIFFERENT SHIFTS, AND ON WEEKENDS WHEN NECESSARY? Yes ☐ No ☐

DO YOU HAVE ADEQUATE TRANSPORTATION TO AND FROM WORK? Yes ☐ No ☐

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR TRAFFIC VIOLATION (INCLUDING DUI, SPEED, ETC.?) Yes ☐ No ☐

IF YES, PLEASE EXPLAIN WITH DATES OF CONVICTION(S):

VALID DRIVERS LICENSE? Yes ☐ No ☐

ENDORSEMENTS? _____

DO YOU HAVE A VALID **CDL CLASS A** DRIVERS LICENSE?

Yes ☐ No ☐

EMPLOYMENT DESIRED

REQUESTED POSITION

AVAILABLE START DATE

SALARY DESIRED

____/____/____

\$ _____

MAY WE CONTACT YOUR Yes ☐ No ☐

ARE YOU CURRENTLY EMPLOYED? Yes ☐ No ☐

CURRENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? Yes ☐ No ☐ IF SO, WHEN?_____/_____/____

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL, OTHER				

Special Skills_____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS , COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U. S MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH / YEAR	NAME OF EMPLOYER	PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM _____/_____/_____ TO _____/_____/_____					
FROM _____/_____/_____ TO _____/_____/_____					
FROM _____/_____/_____ TO _____/_____/_____					

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES/ CONTACT INFO OF 3 PERSONS, NOT RELATED TO YOU, WHO CAN SPEAK OF YOUR SKILLS/ABILITIES

NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF EMERGENCY
NOTIFY

NAME	ADDRESS	PHONE NO.
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I certify that all facts contained in the application are true and complete and acknowledge that Southeast Beverage Company is relying on the accuracy of the information provided. **I authorize** Southeast Beverage Company to verify the accuracy of the information provided herein, and **I authorize** former employers, educational institutions and credit agencies to release information concerning me to Southeast Beverage Company. **I also authorize** Southeast Beverage Company to give references and provide information about me in response to inquiries subsequent to my employment if hired. **I understand** that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. **I understand** and agree that, if hired, my employment, will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and or without reason, at the will of either myself or Southeast Beverage Company. **I also understand** and agree that no one has the authority to promise me job security or continued employment, except the CEO of the company in a formal written agreement signed by both of us.

SIGNATURE _____ DATE _____/_____/_____