



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Are you currently under arrest pending trial?  **Yes**  **No**

If yes, describe how it will affect your availability to work, if at all:

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Have you ever served in the U.S. Military?  **Yes**  **No**

If yes, please provide the following information:

Branch of Service: \_\_\_\_\_ Rank at time of separation: \_\_\_\_\_

I served from \_\_\_\_\_ to \_\_\_\_\_.

Special Honors:

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Are you 18 years of age or older?  **Yes**  **No**

(If under the age of 18 a work permit is required by state and federal laws)

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Have you ever applied to or worked for Bay Area Beverage Company Before?

**Yes**  **No**

If yes, please provide dates of employment: \_\_\_\_\_

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Can you perform the essential requirements of the position you are applying for, with or without reasonable accommodation?

**Yes**  **No**

(Note: Bay Area Beverage Company complies with the Americans with Disabilities Act and state law and considers reasonable accommodation measures that may be necessary for eligible applicants and employees to perform essential functions)

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Were you referred by a current Bay Area Beverage Employee?

If yes, please provide the name of the employee:

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

**CURRENT OR PREVIOUS EMPLOYER**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reasons for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYER**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reasons for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYER**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reasons for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**REFERENCES:**

List three professional references that are not physically related to you

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

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Years known: \_\_\_\_\_

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

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Years known: \_\_\_\_\_

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

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Years known: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**POSITION INFORMATION**

*Position Specifications*

Position Applying For: \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

What hours are you willing to work? \_\_\_\_\_

Would you be able to work weekends?  Yes  No

Are you willing to travel for the job?  Yes  No

When would you be able to start? \_\_\_\_\_

Desired salary/hourly wage: \_\_\_\_\_ per \_\_\_\_\_

*Skills*

Please describe any skills you have in the following areas:

Computer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Languages Spoken (other than English):

\_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

### Equal Employment Opportunity Data

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are collecting this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by Bay Area Beverage Company.

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

Sex:  Male  Female

Race/Ethnicity:  American Indian or Alaskan Native  White  
 Asian  Native Hawaiian or other Pacific Islander  
 Black or African American  Two or more races  
 Hispanic or Latino

### Certification and Release:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize Bay Area Beverage Company to investigate any aspect of my prior educational, credit and employment history.

Furthermore I understand that if I am hired, employment with Bay Area Beverage Company is "at will," which means that either the Company or I can terminate my employment at any time, with or without notice and for any reason not prohibited by state or federal law.

Signature: \_\_\_\_\_

Date \_\_\_\_\_