

Peninsula Bottling Company

## **Attention: All Applicants**

In Order to be considered for employment, all persons applying for a position with Peninsula Bottling Company will be asked to provide the following:

1. A Resume with References

2. A Driving Abstract

(available through the Department of Motor Vehicles.)

3. Applicants must be willing to submit to a drug test.

## APPLICATION FOR EMPLOYMENT



## GENERAL INFORMATION

LAST NAME	<u>FIRST</u>	MIDDLE INITIAL	TELEPHONE		
MAILING ADDRESS	<u>CITY</u> <u>STATE</u>	ZIP	SOCIAL SECURITY NUMBER		
POSITION					
	ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YES NO INITIAL				
THAT YOU ARE APPLYING FOR, V ACCOMM		IABLE <b>I</b>			
		YES	NO <u>INITIAL</u>		
THIS MAY INCLUDE LIFTING, BENDING, TWISTING, STOCKING SHELVES, OR DELIVERING OR MOVING CASES OF BEVERAGES. (60 pounds minimum)					
ARE YOU WILLING TO HAV	E A BACKGROUND CHECK.	YES	NO		
WILL ACCEPT:	<u>SHIFT</u>				
	DAY				
FULL TIME TEMPORARY	SWING	i			
DATE AVAILABLE	ARE YOU LEGALLY		E UNITED STATES?		
		YES NO			
INDICATE HIGHEST LEVEL COMPLETE			GRADUATION DATE		
VOCATIONAL SCHOOL DID NOT COMPLETE HIGH SCHOOL					
HIGH SCHOOL GRADUATE OR GED					
VOCATIONAL OR BUSINESS SCHOOL			TRAINING MAJOR		
SOME COLLEGE (TWO QUARTERS OR MORE)/AA DEGREE					
COLLEGE GRADUATE (BA OR BS DEGREE)/4 YEAR COLLEGE SOME GRADUATE WORK					
MECHANICAL SKILLS: PLEASE LIST					
BASIC COMPUTER SKILLS: LIST PROGRAMS OR TRAINING (EX: MS OFFICE, Excel, Word, etc )					
PROFESSIONAL LICENSE - IF APPLICABLE, WHAT TYPE OF LICENSE,					
CERTIFICATE OR REGISTRATION DO YOU HAVE? (PROVIDE COPY IF REQUIRED FOR POSITION)					
THIS POSITION WILL REQUIRE DRIVINGPLEASE PROVIDE WHAT YOU HAVE:					
DRIVERS LICENSE NUMBER			N DATE		
CDL NUMBER		<u>EXPIRATIO</u>	N DATE		
OTHER (EXAMPLE: FORKLIFT; PALLET JACK; ETC)		EXPIRATIO	N DATE		

## **EMPLOYMENT HISTORY**

PLEASE LIST MOST RECENT JOB FIRST

PRESENT OR LAST EMPLOYER	TELEPHO	ONE NUMBER	HOURS PER WEEK		
	EROM				
ADDRESS	<u>FROM</u>	MONTH/YEAR	REASON FOR LEAVING		
JOB TITLE	<u>TO</u>	MONTH/YEAR	SUPERVISOR		
SPECIFIC DUTIESAPPROX 50 WORDS			1		
PRESENT OR LAST EMPLOYER	TELEPH(	ONE NUMBER	HOURS PER WEEK		
			<u>HOOKO FERWEER</u>		
ADDRESS	<u>FROM</u>	MONTH/YEAR	REASON FOR LEAVING		
JOB TITLE	<u>TO</u>	MONTH/YEAR	SUPERVISOR		
SPECIFIC DUTIESAPPROX 50 WORDS	1				
PRESENT OR LAST EMPLOYER	TELEPHO	ONE NUMBER	HOURS PER WEEK		
ADDRESS	<u>FROM</u>	MONTH/YEAR	REASON FOR LEAVING		
JOB TITLE	<u>TO</u>	MONTH/YEAR	SUPERVISOR		
SPECIFIC DUTIESAPPROX 50 WORDS	1				
PLEASE TELL US IN 3 TO 5 SENTENCES HOW and/or WHY YOU WILL BE AN ASSET TO PENINSULA					
BOTTLING COMPANY					
I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISLEADING INFORMATION MAY LEAD TO TERMINATION OF MY EMPLOYMENT AT PENINSULA BOTTLING COMPANY.					
UPON HIRE TO PENINSULA BOTTLING COMPA					
SIGNATURE			DATE		