



# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

## PERSONAL INFORMATION

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

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

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

Telephone Number: \_\_\_\_\_ Referred by: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed? \_\_\_\_\_ If so, may we inquire with your present employer? \_\_\_\_\_

Education	Name & Location of School	Years Attended	Diploma or Degree	Subjects Studied
Grammar School				
High School				
College				
Trade or Other				

## GENERAL

Have you ever applied to this company before? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

Have you ever been employed by this company before? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

If hired, can you provide written evidence that you are authorized to work in the U.S.? \_\_\_\_\_

Most positions within our company require repetitive movements such as bending, lifting, twisting, stooping, or sitting for pro-longed periods. Can you perform each of these functions with or without accommodation?

Yes \_\_

No \_\_

If no, please describe: \_\_\_\_\_

Branch of U.S. Military Service \_\_\_\_\_ Rank \_\_\_\_\_ Currently in Guards or Reserves? \_\_\_\_\_



### **OTHER SKILLS & LICENSES**

Please describe any computer, tools, equipment or office machine skills and proficiency level:

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Please provide information on any licenses or certificates you hold which are applicable to the position for which you are applying.

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<b>FORMER EMPLOYERS (Begin with current or most recent position.)</b>				
<b>Month- Year</b>	<b>Name and Address of Employer</b>	<b>Salary</b>	<b>Position</b>	<b>Reason for Leaving</b>
<b>From:</b> <b>To:</b>				
<b>From:</b> <b>To:</b>				
<b>From:</b> <b>To:</b>				
<b>From:</b> <b>To:</b>				

<b>REFERENCES (list the names of 3 persons you have known for at least 1 year)</b>			
<b>Name</b>	<b>Address &amp; Phone</b>	<b>Occupation</b>	<b>Years Known</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			

**IMPORTANT! READ BEFORE SIGNING** - I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. I understand and agree that my employment is for no definite period of time and I may, regardless of the date of payment of my wages or salary, be terminated at any time without previous notice.

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

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## CONSENT FOR PERSONAL BACKGROUND CHECK

**NOTICE: IF THIS CONSENT IS NOT DATED AND SIGNED, YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT WITH COCA-COLA BOTTLING COMPANY OF SANTA FE, INC. THANK YOU FOR APPLYING.**

I understand that, as a condition of my consideration for employment with Coca-Cola Bottling Company of Santa Fe, Inc. (hereinafter referred to as CCSF), or as a condition of my continued employment with CCSF **may** obtain information that includes, employment and education verifications, social security verification, criminal and civil history, personal interviews, motor vehicle records, any other public records.

I hereby authorize and consent to CCSF's obtaining such information. If CCSF chooses to acquire any of the above-named reports and if the information in any such report is, in any way, used in making a decision regarding my fitness for employment, that CCSF will provide me with a copy of any such report. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Coca-Cola Bottling Company Of Santa Fe, Inc. has the authority to make oral contracts of employment. If hired, my employment relationship with Coca-Cola Bottling Company Of Santa Fe, Inc. is terminable at will, with or without cause, by either CCSF or myself.

I also understand that my employment may be conditioned upon a favorable health evaluation, which may include a drug and/or alcohol test and medical examination by a physician selected by CCSF to which I hereby consent.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

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Applicant Signature

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Date

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Printed Name of Applicant