



**VALLEY WIDE BEVERAGE COMPANY ("VWB")
APPLICATION FOR EMPLOYMENT**

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

VWB is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religious creed, religious belief or grooming (including dress or grooming practices), sex, gender, gender identity, gender expression, sexual orientation, marital/domestic partner status, citizenship, national origin and ancestry (including language use and protected use of driver's licenses granted under the California Vehicle Code), mental or physical disability (including AIDS and HIV status), medical condition, including cancer and genetic information or characteristics (or those of a family member), pregnancy, childbirth, breastfeeding (including related medical conditions to pregnancy, childbirth or breastfeeding), age, military and veteran status, status as a victim of domestic violence, sexual assault or stalking, and/or use of any legally protected leave or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities or other medical conditions may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on VWB. Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

GENERAL INFORMATION

Full Name _____	Date _____
FIRST MIDDLE LAST	
Address _____	
STREET CITY STATE ZIP CODE	
Contact Number () _____	Date available for work _____
Alternate Contact Number () _____	E-mail (optional) _____
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? <input type="checkbox"/>	

Yes

No (If hired, verification will be required consistent with federal law.)

DRIVER'S LICENSE INFORMATION

(Complete only if you are applying for a position which involves driving)

STATE

NUMBER

EXPIRATION DATE

POSITION INFORMATION

Type of work desired? _____

Applying for:

Full-time

Part-time

Seasonal

EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study or Major
High School or G.E.D. equivalent		9 10 11 12/GED		
College or University		1 2 3 4		
Vocational or Trade School				
Graduate School				
Other (including military training)				

List any work related certifications or licenses you currently possess.

BACKGROUND INFORMATION

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? Yes No

If yes, specify name. _____

Should you receive a conditional offer from the Company, a background verification inclusive of a criminal check will be performed by a third party vendor, in accordance with federal, state and local law. The Company will also perform an individualized assessment regarding your criminal check based upon the nature and gravity of the offense, time passed since the offense occurred, and the direct and adverse relationship between prospective job duties and the offense. The Company will inform you of the results and will provide you with an opportunity to respond within five (5) business days. The Company reserves the right to re-evaluate your candidacy and rescind your conditional offer after you have been given a chance to respond. Should you have any questions regarding this process, contact your Recruiter.

PROFESSIONAL REFERENCES

List three professional references (other than those listed as current/former supervisor) that we may contact:

Name _____ Telephone No. (.) _____

E-mail Address _____ Type of Acquaintance _____

Name _____ Telephone No. (.) _____

E-mail Address _____ Type of Acquaintance _____

Name _____ Telephone No. (.) _____

E-mail Address _____ Type of Acquaintance _____

EMPLOYMENT RECORD

List all employment experience for the past seven years, starting with the most recent or present employer. Using a separate section for each position, describe in detail all work experience. **You may include as part of**

your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.

Most Recent Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____	Phone (____) _____ From _____ Month Year To _____ Month Year
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____	Phone (____) _____ From _____ Month Year To _____ Month Year
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____	Phone (____) _____ From _____ Month Year To _____ Month Year
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____	Phone (____) _____ From _____ Month Year To _____ Month Year

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ADDITIONAL COMMENTS

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements. Note any special coursework, honors, activities, special projects or any other data that will assist us in considering your application for employment.

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drugs before being permitted to commence work with the Company. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the Company. _____ Initials

I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested. Also, if I am applying for a position as a driver, I authorize and require my previous and/or current employers to release the results (including any refusal to test) of previous drug and alcohol tests in accordance with state and federal law. I hereby agree to execute any necessary forms to carry out the foregoing, including without limitation, a Consent to Alcohol and Controlled Substances Testing and Authorization for Release of Information. _____ Initials

I understand employment with the Company is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. _____ Initials

I understand that I will be required to possess a current and valid California driver's license and provide proof of automobile insurance if my job requires me to drive in the course of my work. _____ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the Company or me) without prior notice to the other, unless otherwise prohibited by law.

_____ Initials

I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the CEO or an authorized representative.

_____ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that

any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery. _____ Initials

Note: An offer of employment is conditioned upon complying with The Company's requirements including, but not limited to signing a consent to conduct a background investigation, as noted above.

MY SIGNATURE INDICATES THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____

Date _____