



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.

IF APPLYING FOR A CLASS A DRIVER POSITION, PLEASE COMPLETE THE DRIVER APPLICATION.
COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION								
FIRST NAME			MIDDLE NAME			LAST NAME		
ADDRESS			CITY			STATE	ZIP CODE	
PHONE			EMAIL					
DATE OF APPLICATION		POSITION APPLIED FOR				FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/>	DATE AVAILABLE FOR WORK	

Are you over the age of 18? ☐ Yes ☐ No (If no, you may be required to provide authorization to work.)

Have you ever worked for this company? ☐ Yes ☐ No

Do you have legal right to work in the United States? ☐ Yes ☐ No

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? ☐ Yes ☐ No

(If hired, verification will be required consistent with federal law.)

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N		DETAILS
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Vocational				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYMENT HISTORY

List employment experience, starting with the most recent or current employer (attach separate sheets if necessary). **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.**

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
PRIMARY RESPONSIBILITIES					

PREVIOUS EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
PRIMARY RESPONSIBILITIES					

TO BE READ AND SIGNED BY APPLICANT

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

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.

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 for the Company.

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.

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.

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.

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.

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.

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment or interview(s) can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company. I also understand that I am required to abide by all rules and regulations of the Company.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. My signature indicates that I have read and agree with the above statements.

Applicant Signature		Date	
Applicant Name (printed)			