

# Advance Beverage Co., Inc. Application For Employment

Referred By \_\_\_\_\_

## PERSONAL INFORMATION

Application Date \_\_\_\_\_

Last Name	First Name	Middle Initial	Telephone Number	
Present Address No. and Street			City	State
Permanent Address No. and Street			City	State
Do You Have the Legal Right to Work in the United States?		Email Address		
Y	N			

## EMPLOYMENT DESIRED

Position(s) Applied For \_\_\_\_\_

Date You Can Start \_\_\_/\_\_\_/\_\_\_    Salary Desired \_\_\_\_\_

Are You Currently Employed? \_\_\_ Y / N \_\_\_

Have You Applied Here Before? \_\_\_ Y / N \_\_\_

Do Any Relatives Work Here? \_\_\_ Y / N \_\_\_

Did Anyone Refer You? \_\_\_ Y / N \_\_\_

Do You Have a CDL? \_\_\_ Y / N \_\_\_

Have You Worked Here Before? \_\_\_ Y / N \_\_\_

Do You Want to Work Full Time? \_\_\_ Y / N \_\_\_ Shift or Hours Preferred \_\_\_\_\_

What Special Skills Do You Have? \_\_\_\_\_

Can You Perform the Essential Functions of the Job Applied for? \_\_\_ Y / N \_\_\_

Please Indicate Years    Grade School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Bus. or Trade School \_\_\_\_\_ Other: Specify \_\_\_\_\_  
Of Education Completed

## PERSONAL REFERENCES

Please list 3 non - relatives whom you have known for one year, or longer

Name And Address	Business	Telephone Number	Years Known

### Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials    I hereby certify that I have read, and agreed to the privacy policy available on Advance Beverage Company's website.

\_\_\_\_\_  
Initials    I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials    I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Advance Beverage Co., Inc. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable time period and may be terminated at any time, with or without prior notice, at the option of either myself or Advance Beverage Co., Inc., and that no promises or representations contrary to the foregoing are binding on Advance Beverage Co., Inc. unless made in writing and signed by me and Advance Beverage Co., Inc.'s designated representative.

\_\_\_\_\_  
Initials    In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date \_\_\_/\_\_\_/\_\_\_

Signature of Applicant \_\_\_\_\_

**ADVANCE BEVERAGE CO., INC.** 5200 DISTRICT BLVD BAKERSFIELD CA 93313 (661)833-3783

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD - ON, REAR - END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED

(NAME)

(CITY)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
MOTORCOACH - SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle \* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER				DATE			
NAME			FROM MO.	YR.	TO MO.	YR.	
ADDRESS							POSITION HELD
CITY	STATE		ZIP		REASON FOR LEAVING		
CONTACT PERSON				PHONE NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO							
EMPLOYER				DATE			
NAME			FROM MO.	YR.	TO MO.	YR.	
ADDRESS							POSITION HELD
CITY	STATE		ZIP		REASON FOR LEAVING		
CONTACT PERSON				PHONE NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO							
EMPLOYER				DATE			
NAME			FROM MO.	YR.	TO MO.	YR.	
ADDRESS							POSITION HELD
CITY	STATE		ZIP		REASON FOR LEAVING		
CONTACT PERSON				PHONE NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO							
EMPLOYER				DATE			
NAME			FROM MO.	YR.	TO MO.	YR.	
ADDRESS							POSITION HELD
CITY	STATE		ZIP		REASON FOR LEAVING		
CONTACT PERSON				PHONE NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO							
EMPLOYER				DATE			
NAME			FROM MO.	YR.	TO MO.	YR.	
ADDRESS							POSITION HELD
CITY	STATE		ZIP		REASON FOR LEAVING		
CONTACT PERSON				PHONE NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO							
EMPLOYER				DATE			
NAME			FROM MO.	YR.	TO MO.	YR.	
ADDRESS							POSITION HELD
CITY	STATE		ZIP		REASON FOR LEAVING		
CONTACT PERSON				PHONE NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO							

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.