Advance Beverage Co., Inc.
Employment Application

An Equal Opportunity Employer

Please Print   **Application Date** _____

Last Name_____ First Name_____ Middle_____

Home phone_____ Mobile phone_____

Email address_____

Present Address

_____ _____ _____ _____
No. and Street   City   State   Zip Code

Permanent Address (if different from present address)

_____ _____ _____ _____
No. and Street   City   State   Zip Code

Employment Desired

Position applying for_____ Desired Salary: _____

Are you applying for:

      Regular full-time work? ☐ Yes ☐ No   Regular part-time work? ☐ Yes ☐ No

Would you be available to work overtime, if necessary? ☐ Yes ☐ No

If hired, what date can you start work? _____

Are you currently employed? ☐ Yes ☐ No

Do you have a valid CDL? ☐ Yes ☐ No

Other than time off for reasons related to your religion, a disability or a medical condition, are there any days or times when you are unavailable to work? _____

_____

Personal Information

How did you hear about this job opening? _____ Referred by: _____

Have you ever applied to or worked for Advance Beverage Company before? ☐ Yes ☐ No

      If yes, when? _____

Do you have any relatives who currently work at Advance Beverage Company? ☐ Yes ☐ No

If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No

Are you at least 18 years old? ☐ Yes ☐ No

(If under 18, hire is subject to verification that you are of minimum legal age.)

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

      If no, describe the functions that cannot be performed: _____

_____
_____
_____

(Note: We comply with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA). We consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New hires may be subject to passing a medical examination, and to skill and agility tests.)

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.

Name of Employer:	Start Date:	End Date:
Did you drive a vehicle requiring a CDL ☐ Yes ☐ No	Current employer ☐ Yes ☐ No	
Position Title:	Contact Person:	
Address and Street:	Phone Number:	
City, State, Zip Code:	May we contact for reference ☐ Yes ☐ No	
Position Duties:		
Reason for Leaving:		

Name of Employer:	Start Date:	End Date:
Did you drive a vehicle requiring a CDL ☐ Yes ☐ No	Position Title:	
Contact Person:	Phone Number:	
Address and Street:	City, State, Zip Code:	
Position Duties:		
Reason for Leaving:		

Name of Employer:	Start Date:	End Date:
Did you drive a vehicle requiring a CDL ☐ Yes ☐ No	Position Title:	
Contact Person:	Phone Number:	
Address and Street:	City, State, Zip Code:	
Position Duties:		
Reason for Leaving:		

Name of Employer:	Start Date:	End Date:
Did you drive a vehicle requiring a CDL ☐ Yes ☐ No	Position Title:	
Contact Person:	Phone Number:	
Address and Street:	City, State, Zip Code:	
Position Duties:		
Reason for Leaving:		

Name of Employer:	Start Date:	End Date:
Did you drive a vehicle requiring a CDL ☐ Yes ☐ No	Position Title:	
Contact Person:	Phone Number:	
Address and Street:	City, State, Zip Code:	
Position Duties:		
Reason for Leaving:		

*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.

References

List below three persons not related to you who have knowledge of your work performance within the last 3 years.

First/Last Name:	Phone Number:	Occupation:	Years Known:

Accident Record – Past 3 Years

Accident record for the past 3 years or more (Attach sheet if more space is needed)

Have you had any vehicle accidents in the past 3 years? ☐ Yes ☐ No   If yes, total number: _____

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC .)	FATALITIES (Yes/No)	INJURIES (Yes/No)
Last Accident date:			
Next Accident date:			
Next Accident date:			
Next Accident date:			

Traffic Convictions/Forfeitures – Past 3 Years (other than parking violations)

(Attach sheet if more space is needed)

Have you had any Traffic Convictions/Forfeitures in the past 3 years? ☐ Yes ☐ No   If yes, total number: _____

Location	Date	Charge	Penalty

Education

Indicate Years of Education Completed

High School:	College/University:	Voc/Bus:	Other (Specify):

Last School Attended

Name: _____ City: _____

Experience And Qualifications - Driver

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No If yes, explain below.
Do you have any pending motor vehicle charges? ☐ Yes ☐ No If yes, explain below.

Driving Experience

Class Of Equipment	Type Of Equipment (Van, Tank, Flat, Etc.)	Dates From	Dates To	Approx. No. of Miles (Total)
Straight Truck				
Tractor And Semi-Trailer				
Tractor - Two Trailers				
Motorcoach - School Bus				
Other				

List states operated in for the last 5 Years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____
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 hereby authorize Advance Beverage Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____
Initials

I understand that nothing contained in the 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 the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company'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.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

_____   _____
Date   Applicant's Signature