D-S Beverages, Inc.
SINCE 1968

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE PRINT CLEARLY ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLETE PAGES 1-4

DATE: _____

Name _____
(last) (first) (middle) (maiden)

Address _____
(number) (street) (city) (state) (zip)

How long have you resided at this residence? _____

Telephone ( ) _____

Social Security No. _____ - _____ - _____

If under 18, please list age _____

Email Address _____

Position applying for _____

Desired Salary/Wage _____

How many hours can you work weekly? _____

Can you work nights? _____

Days/hours available to work: No Pref _____ Mon._____ Tues. _____ Wed. _____
Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL OR PART-TIME

When are you available to start? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	No. OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUS. OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

DO YOU HAVE A DRIVERS LICENSE? ___ YES ___ NO

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Expiration date _____

Type of license: ___ Operator ___ Commercial (CDL) ___ Chauffeur

Have you had any accidents during the past 3 years? ___ YES ___ NO - How many? _____

Have you had any moving violations during the past 3 years? ___ YES ___ NO - How many? _____

OFFICE ONLY

Typing? ___ YES ___ NO ___ WPM

10 - Key? ___ YES ___ NO

Personal Computer? ___ YES ___ NO / ___ MAC ___ PC

Word Processing? ___ YES ___ NO ___ WPM

Other skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

_____ _____

Telephone _____ Telephone _____

The application form sometimes makes it difficult for an individual to adequately summerize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ YES ___ NO If yes, explain number of convictions, nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s), and type(s) of rehabilitation. _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ YES ___ NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ YES ___ NO

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE: Please list your work experience for the **PAST FIVE YEARS** beginning with your most recent job held. If you were self-employed, give firm name. *Attach additional sheets if necessary.*

Name of Employer _____ Number ( ) _____

Address _____

(number) (street) (city) (state) (zip)

Name of supervisor _____ Your Job Title _____

Reason for leaving (be specific) _____

Employment dates _____ to _____ Pay or Salary _____ / _____

(start) (final)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Employment dates _____ to _____ Pay or Salary _____ / _____
(start) (final)

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May we contact your present employer? ___ YES ___ NO

Did you complete this application yourself? ___YES ___NO

If not, who did? _____

Applicant Signature _____ Date _____