

Albany Beverage Company
P.O. Box 586 • Albany, GA 31702 • (229)435-5616

Application for Employment

We are an Equal Opportunity Employer
Applicant's Statement

I understand that this application will be given every consideration, but it is not a promise of employment.
I understand that if I am hired, my employment will be for no definite period, regardless of the period of my wages.
I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right.

I understand that the Company reserves the right to require me to submit to a medical examination, including a drug/alcohol test
Prior to employment and at any time during my employment, to the extent permitted by law.

I understand that the Company may investigate my driving record, criminal background, and previous employment history.

I authorize that any information pertaining to my employment to this Company can be obtained as necessary.

I hereby state that all of the information that I provide on this application and in any interview is true and accurate.

I understand that if I am employed and any such information is later found to be false, I may be dismissed.

Personal Data

Name _____
(Print) Last First Middle

Last 4 of SSN# (###-##-____)

Present Address

Street and Number City State

How long did you live there? _____
Years Months

Previous Address

Street and Number City State

How long did you live there? _____
Years Months

Phone Number _____

Are you 18 years of age or older? Yes No

Have you ever worked for this Company Before? Yes No If yes, give dates and position: _____

Do you have any relatives or friends working here? If yes, Name: _____ Relationship: _____

How would you get to and from work? _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No

If yes, give date and details of each: _____

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.

Driving Information

Do you have a current driver's license? Yes No Do you have a current CDL? Yes No

State: _____ License No. _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes No If yes, Explain: _____

Do you have personal automobile insurance? Yes No Name of Insurance Company: _____

Has your personal auto insurance ever been cancelled? Yes No If yes, Explain: _____

Have you ever been convicted of a DUI? Yes No If yes, Explain: _____

List all moving violations in the last 5 years:

Offense Date Location

Offense Date Location

Offense Date Location

Offense Date Location

Emergency Information

In case of emergency, who should we contact? _____
Name Relationship

Home phone _____ Cell phone _____ Work _____

Previous Employment

Please list names of your previous employers, start with most recent. Be sure to account for all periods of time including Military Service or unemployment.

Present or last employer	From (mo/yr)	Starting pay \$	Title/position	Reason for leaving
Address	To (mo/yr)	Final pay \$	Name of Supervisor	
Phone				
Previous employer	From (mo/yr)	Starting pay \$	Title/position	Reason for leaving
Address	To (mo/yr)	Final pay \$	Name of Supervisor	
Phone				
Previous employer	From (mo/yr)	Starting pay \$	Title/position	Reason for Leaving
Address	To (mo/yr)	Final pay \$	Name of Supervisor	
Phone				

Have you ever been terminated or asked to resign from any job? Yes No If yes, explain: _____

Explain any gaps in employment history: _____

May we contact your current employer? Yes No If No, explain: _____

Skills: please indicate any actual experience you have any the following areas:

- | | | |
|--|--|--|
| <p>Sales</p> <input type="checkbox"/> Sales management
<input type="checkbox"/> Driver
<input type="checkbox"/> Route salesperson
<input type="checkbox"/> Route assistant | <p>Warehouse</p> <input type="checkbox"/> Forklift operator
<input type="checkbox"/> Mechanic
<input type="checkbox"/> Mechanic helper
<input type="checkbox"/> Material handler | <p>Office</p> <input type="checkbox"/> Accounts receivable
<input type="checkbox"/> Accounts payable
<input type="checkbox"/> Payroll
<input type="checkbox"/> Data entry
<input type="checkbox"/> Bookkeeper
<input type="checkbox"/> Secretary |
|--|--|--|

Position applied for _____ Salary desired \$ _____

Education

	High				College/University				Graduate/Professional			
School Name												
Years completed (circle)	9	10	11	12	1	2	3	4	1	2	3	4
Course of study or major												
Describe any special skills, training, or Military experience												

This application will be considered active for 365 days. If you wish to be considered for employment after that time, you must reapply.

Date _____

Signature of applicant _____