

BEVERAGE DISTRIBUTORS, INC.

Application for Employment

Beverage Distributors considers applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, citizenship, age, marital status, physical or mental disability, sexual orientation, medical condition or any other legally protected status.

(PLEASE PRINT)

Name		Date
Address		City /State/Zip
Home Telephone	DL#	Social Security Number
Email Address		
Position Desired		
Date Available		Salary Desired
How did you hear of opening? (list newspaper, referral, etc.)		

If employed, you will be required to submit proof of your legal right to work in the United States.

Are you currently employed? yes No

May we contact your current employer? yes No

Are you available to work: Full Time Part Time Overtime Weekends

Can you perform the essential job functions of the job which you are applying, with or without reasonable accommodation? yes No

Have you ever been convicted of a felony? yes No

If yes, please explain: _____

Conviction will not necessarily disqualify an applicant from employment.

Have you had any job-related training in the United States Military? yes No

Branch of Service	Dates of Service	Rank
Duties/Special Training	Guard/Reserves Membership?	<input type="checkbox"/> yes <input type="checkbox"/> No

Professional References: (other than former employees or relatives)

Name	Address	Phone Number
1.		
2.		
3.		

Employment Experience

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, or other protected status. If you need additional space, please continue on a separate piece of paper. Please fill out completely. Do not use "see resume."

Dates Employed: From _	To:
Starting Salary/Hourly Rate	Ending Salary/Hourly Rate
Job Title	Supervisor
Employer	Address
City/State/Zip	Telephone Number
Work Performed	

Reason for Leaving

Dates Employed: From _	To:
Starting Salary/Hourly Rate	Ending Salary/Hourly Rate
Job Title	Supervisor
Employer	Address
City/State/Zip	Telephone Number
Work Performed	

Reason for Leaving

Dates Employed: From _	To:
Starting Salary/Hourly Rate	Ending Salary/Hourly Rate
Job Title	Supervisor
Employer	Address
City/State/Zip	Telephone Number
Work Performed	

Reason for Leaving

Request for Check of Driving Record

I hereby authorize you to release the following information to

(Prospective Employer)

For the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

1. In accordance with the provision of Section 604 and 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

(Signature of Requester)

(Date)

Applicant's Statement

1. I certify that all my statements and answers in this application are true and complete. I understand that any untrue or incomplete statements or omissions of requested information in this application, in interviews and/or in my resume may result in my later discharge, if I become employed by Beverage Distributors, Inc.
2. I authorize all schools which I attended and all of my previous employers to furnish to Beverage Distributors, Inc. or it's representatives my records, reason for leaving, and all information they may have concerning me, and I hereby release them and their employees and Beverage Distributors, Inc. and it's employees from all liability for any damage whatsoever arising therefrom. I also authorize and give permission to Beverage Distributors, Inc. and its representatives/agents to undertake a credit check and investigation of all statements in this application. I understand that, as a condition of employment, all applicants must satisfactorily complete a pre employment physical examination, including a urinalysis to screen for substance abuse.
3. I understand and agree that unless otherwise defined by applicable law, any employment relationship with Beverage Distributors, Inc. will be on an "at will" basis. Upon hire, I will be required to sign an employment agreement acknowledging my "at will" employment. This means that I may resign at any time and Beverage Distributors, Inc. may discharge me at any time, with or without cause or notice. Further, I acknowledge that the procedures, policies and practices of Beverage Distributors, Inc., its employee handbook, and the conditions of my employment, except the "at will" relationship, may be changed at any time by Beverage Distributors, Inc. in its sole discretion and do not and will not constitute an employment contract or imply any contractual obligations.
4. I understand that this "at will" employment relationship may not be changed by any verbal exchange, written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
5. I understand that, in the event of a job offer, I will be asked to submit for review and copying, documents indicating my legal authorization to work in the United States. This procedure is in compliance with the Immigration and Reform Act of 1986, which applies to all persons hired with any U.S. employer after November 6, 1986. Upon submission of these documents, I will also be asked to sign an INS form I-9 under penalty of perjury indicating that I am a citizen or national of the U.S., an alien lawfully admitted for permanent residence, or an alien who is otherwise authorized by immigration laws to obtain employment in the U.S.

(Applicant's Signature)

(Date)

RELEASE AUTHORIZATION

In connection with my application for employment with **Beverage Distributors, Inc.**, I understand an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history and criminal history from various state, private and insurance sources along with other public records available.

My signature constitutes my authorization for Beverage Distribution, Inc. or its agent, Access Cleveland, to investigate the facts submitted and for those with relevant information, including, but without limitation, physicians, hospitals, schools, law enforcement agencies, state agencies, insurance companies, and my prior employers, to provide such information to Beverage Distributors, Inc., or its agents, and I release them from any liability for doing so. Note: ADP Screening & Selection Services is acting as the agent.

I further acknowledge that a photographic copy or telephone facsimile (Fax) of this form shall serve as my authorization to release information and records. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be so advised and be given the name of the agency or source of information. Information obtained by testing or personal interviews is not considered a consumer report.

(Applicant's Signature)

(Date)

The following must be filled out completely for application to be considered by the above mentioned employer.

PLEASE PRINT

Last Name:		First Name:		Middle Initial:	<input type="checkbox"/>	male	<input type="checkbox"/>	Female
Home Address:		City:		State:	Zip:			
Social Security Number:				Date of Birth:				
Drivers License Number:				State of Issuance for Drivers License:				
Searches Requested: Please check those that apply <input type="checkbox"/> Prior Employment Verification (Must complete employment information at left) <input type="checkbox"/> Worker's Compensation Report States: _____ <input type="checkbox"/> Motor Vehicle Report States: _____ <input type="checkbox"/> Criminal History States: _____ <input type="checkbox"/> Education School: _____ City: _____ State: _____ School: _____ City: _____ State: _____ School: _____ City: _____ State: _____				Prior Employment Information Employer 1: ----- Address: _____ City: _____ State: _____ Zip: ---- Phone #: _____ Supervisor:----- Reason for leaving:----- Employer 2: _____ Address: _____ _____ City: _____ _____ State: _____ Zip:----- Phone #: _____ Supervisor: ----- Reason for leaving:----- Employer 3: _____ Address: _____ City: -----State: _____ Zip:----- Phone #: _____ Supervisor:----- Reason for leaving:-----				

Please fax this document to:

Return Results To:

Access Cleveland

Via: Confidential Fax #

Fax: 440-846-1969

Confidential Mail

Phone: 440-846-0100

(Faxed Reports will not be mailed)

Notarization is required only by certain states. If using an embossed seal, please shade with a black crayon to clearly show raised area when faxing.

Subscribed and sworn before me,

_____ on the _____

day of, _____

20 _____

Notary Public

My Commission Expires _____

Disclosure

I understand that consideration for employment in this position is contingent upon the results of a reference/background check, drug screen and/or medical examination. The reference check, also referred to as an investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. I therefore authorize this company to investigate all statements made on my application for employment and to discuss the results of its investigations with those responsible for hiring. I further authorize the company to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employer(s) or other persons contacted by and providing information to the company.

The Fair Credit Reporting Act provides you with the right to request, in writing within a reasonable amount of time, a disclosure of the nature and the scope of the investigative report. The disclosure shall be made in writing and mailed, or otherwise deliver to you no later than five days after the date on which your request is received - or five days after the date on which the report was first requested, whichever is later. You may also request a Summary of Your Consumer Rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission. These can be obtained at no charge.

To obtain a disclosure of the nature and the scope of the investigation, please provide us with a written request. To obtain a summary of your Consumer Rights, please simply let us know that you would like a copy.

I have read, and have been provided a copy of, the Disclosure statement.

Applicant's Signature

Date

Print Name

Original -Human Resources

Copy -Applicant

Human Resources -Revised 032017