



# Dakota Beverage Application for Employment

An Equal Opportunity Employer

Applicants are considered without regards to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination as provided under applicable state and federal law.

PLEASE PRINT Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Referral Source: Advertisement \_\_\_\_ Friend \_\_\_\_ Employee \_\_\_\_ Relative \_\_\_\_ Walk-In \_\_\_\_ Agency \_\_\_\_ Other \_\_\_\_

Name of Source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street/PO Box City State Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_ Best time to call is \_\_\_\_ AM/PM Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Area Code

Have you ever been employed here before: \_\_\_\_ YES \_\_\_\_ NO If yes, give date \_\_\_\_\_

Are you employed now? \_\_\_\_ YES \_\_\_\_ NO May we contact your present employer? \_\_\_\_ YES \_\_\_\_ NO

Are you prevented from lawfully becoming employed in this country? \_\_\_\_ YES \_\_\_\_ NO

If hired, you will be required to submit documents sufficient to establish employment authorization and identify in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

On what date would you be available for work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expected salary: \_\_\_\_\_

Are you available to work: \_\_\_\_ Full-Time \_\_\_\_ Part-Time \_\_\_\_ Temporary \_\_\_\_ Seasonal Days: S M T W T F S

Will you work overtime if required? \_\_\_\_ YES \_\_\_\_ NO Will you travel if job requires it? \_\_\_\_ YES \_\_\_\_ NO

Have you been convicted of a felony in the last 7 years? \_\_\_\_ YES \_\_\_\_ NO

Such convictions may be relevant if job related, but does not bar you from employment.

If yes, explain: \_\_\_\_\_

Have you ever been bonded? \_\_\_\_ YES \_\_\_\_ NO Driver license number: \_\_\_\_\_ State: \_\_\_\_\_

Do you have a CDL? \_\_\_\_ YES \_\_\_\_ NO If yes, Class A or B? \_\_\_\_\_

## EDUCATION

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, age, national origin, disability):

Years Completed (circle): Elementary High School College/University Graduate/Professional  
4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Name of Schools: \_\_\_\_\_

Diplomas/Degrees/Honors: \_\_\_\_\_

Special Skills acquired from employment or other experience: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex, age, disability or national origin.

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor/Title: \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ May we contact for reference? \_\_\_ YES \_\_\_ NO \_\_\_ LATER

Summarize work performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor/Title: \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ May we contact for reference? \_\_\_ YES \_\_\_ NO \_\_\_ LATER

Summarize work performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES**

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Years Known: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application or comments.

\_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand and agree that any misrepresentation by me in this application will be sufficient cause for rejection of this application and/or termination of employment if I am hereafter employed by the Dakota Beverage. Furthermore, if I am hired, I understand that I am free to resign at any time, and that Dakota Beverage Co. reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the Company has authority to make any representations or assurances to the contrary. I acknowledge and agree that any changes in such employment relationship must be made in writing and signed by an authorized representative of Dakota Beverage.

I understand that if you make an offer of employment to me it may be a conditional offer of employment and I may be required to submit to a pre-employment medical exam and to provide information in response to your medical inquires, the result of which might disqualify me from employment. If requested, I agree to furnish such information and to submit to such examinations.

I understand that I may be requested to submit to a test to detect the current illegal use of drugs and, if the test results identify that I am a current illegal user of any drugs, I will not be eligible for employment by the Company. I further understand that I have the right to refuse to submit to such test or to consent to such tests of my own free will.

I authorize the Company to make a thorough investigation of my past employment, education and job-related activities. To the extent permitted by law, I release the Company from any liability which might result from making such investigation and I also release from any liability all persons and entities supplying such information.

I acknowledge that the Company is an equal opportunity employer and that the Company does not discriminate in employment. I understand that no questions on this application is used for the purpose of limited or excluding the Company's consideration of me for employment on a basis prohibited by federal, state or local law, nor is it used by the Company for the purpose of attempting to obtain information prohibited by federal, state or local law.

I understand that the Company will consider this application to contain current information for a period of only sixty (60) days. At the expiration of sixty (60) days, if I have not heard from the Company and still desire to be considered for employment, I understand that it will be necessary for me to complete a new application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_