

# WRIGHT

Since 1953

BEVERAGE DISTRIBUTING

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL SECTIONS COMPLETELY AND CLEARLY

LAST NAME	FIRST	MIDDLE	TODAY'S DATE	

ADDRESS (NO. AND STREET)	(CITY)	(COUNTY)	(STATE)	(ZIP CODE)

IF YOU HAVE EVER BEEN EMPLOYED OR ATTENDED SCHOOL BY ANOTHER NAME, PLEASE PROVIDE THAT NAME IN THIS SPACE	TELEPHONE NUMBER

ARE YOU AT LEAST 18 YEARS OF AGE, IF NOT, DO YOU HAVE WORKING PAPERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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WILL YOU ACCEPT	(a) FULL TIME EMPLOYMENT (40 HOURS PER WEEK)	<input type="checkbox"/> YES <input type="checkbox"/> NO
	(b) PART TIME EMPLOYMENT (LESS THAN 40 HOURS PER WEEK)	<input type="checkbox"/> YES <input type="checkbox"/> NO
	(c) TEMPORARY EMPLOYMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO

(a) WILL YOU WORK ANY SHIFT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) WILL YOU WORK ALTERNATING/ROTATING SHIFTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(c) "NO" TO EITHER OF THE ABOVE QUESTIONS, WHAT HOURS WILL YOU WORK?	

WILL YOU WORK OVERTIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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WHAT TYPE OF WORK ARE YOU APPLYING FOR?	
1 <sup>ST</sup> CHOICE _____	YEARS OF EXPERIENCE _____
2 <sup>ND</sup> CHOICE _____	YEARS OF EXPERIENCE _____

LIST THE SKILL LEVELS WHICH YOU POSSESS (FOR EXAMPLE TYPING – WPM, SHORTHAND – WPM, DATA ENTRY, WELDING, MOLD MAKING, ETC)
_____

HAVE YOU SERVED IN THE U.S. MILITARY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF "YES" BRANCH _____	HIGHEST RANK HELD _____
DATE FROM _____	TO _____
MILITARY SPECIALTY _____	

EDUCATION	SCHOOL	CITY, TOWN, STATE	NO. OF YEARS COMPLETED	DIPLOMA OR DEGREE	DID YOU GRADUATE	GRADE POINT AVG.	SUBJECTS OF SPECIALIZATION AND/OR SPECIALIZED TRAINING
HIGH SCHOOL							
COLLEGE/UNIVER.							
CORRESPONDENCE OR NIGHT SCHOOL							
BUSINESS TRADE MILITARY OR OTHER SCHOOL							

HONORS RECEIVED

WHAT SUBJECT/ACTIVITIES DID YOU ENJOY?

<b>LIST ALL EMPLOYERS, IN ORDER, STARTING WITH MOST CURRENT EMPLOYER:</b>

EMPLOYER: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 SUPERVISOR'S NAME \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_ CURRENT/FINAL WAGE: \$ \_\_\_\_\_ PER \_\_\_\_\_  
 WORK PERFORMED: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 SUPERVISOR'S NAME \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_ CURRENT/FINAL WAGE: \$ \_\_\_\_\_ PER \_\_\_\_\_  
 WORK PERFORMED: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 SUPERVISOR'S NAME \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_ CURRENT/FINAL WAGE: \$ \_\_\_\_\_ PER \_\_\_\_\_  
 WORK PERFORMED: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 SUPERVISOR'S NAME \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_ CURRENT/FINAL WAGE: \$ \_\_\_\_\_ PER \_\_\_\_\_  
 WORK PERFORMED: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

STATE OR ATTACH ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOU ARE APPLYING FOR A POSITION WHERE YOU WOULD OPERATE A COMPANY VEHICLE OR EQUIPMENT.**

MOTOR VEHICLE INFORMATION  
 LICENCE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 CLASS OF DRIVER'S LICENSE \_\_\_\_\_  
 LIST ANY ACCIDENT YOU HAVE HAD WHILE DRIVING IN THE PAST TEN YEARS:  
 DATE OF ACCIDENT \_\_\_\_\_ DESCRIBE EXTENT OF ACCIDENT/INJURIES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST ALL DEPARTMENT OF MOTOR VEHICLE VIOLATIONS, INCLUDING INSURANCE LAPSE AND/OR ANY CRIMINAL ACT CONVICTED OF DURING THE PAST 10 YEARS.

DATE OF VIOLATION	CHARGE	COURT LOCATION
_____	_____	_____
_____	_____	_____

I hereby authorize Wright Beverage Distributing and its subsidiary companies (the Company) to obtain information from my previous employers that are reasonably necessary in connection with my employment.

I understand that falsification of any information submitted to the Company by me for employment consideration may result in disciplinary action or employment termination if I am subsequently employed by the Company.

Wright Beverage Distributing and its subsidiary companies make a reasonable effort to accommodate individual preferences. There may be times during my employment that I am required to accept the following conditions: overtime, change in work schedule and limiting vacation time during peak periods or holiday weeks. I understand and accept these conditions of employment.

I understand that if I receive an offer of employment with Wright Beverage Distributing and its subsidiary companies, it will be contingent upon:

1. A negative drug screen urinalysis test result, and my agreement to submit to such a test as part of the employment process; and
2. The presentation of original documents establishing my identity and completion of an I-9 form, as required by Federal law and regulations.

May we call your present employer?  YES  NO  Agree \_\_\_\_\_  
 Electronically Agree or Print and Sign \_\_\_\_\_ Date \_\_\_\_\_