



CONSUMERS BEVERAGES, INC.
2230 SOUTH PARK AVENUE
BUFFALO, NY 14220

Phone: (716) 826-9200 Fax: (716) 826-3727

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Personal Information:

Today's Date: _____

First Name _____ Last Name _____ Middle _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Are you 18 or Older? Yes No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, please explain: _____

A "yes" answer does not automatically disqualify your from employment, since the nature of the offense, date and the job for which you are applying will be considered.

Are you now, or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain: _____

Position You are Applying For:

When can you Start? _____

Position Title: _____ Salary Requirement: _____

Days/Hours Available	DAY	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
	FROM							
TO								

If you were referred to us by an employee please provide their name: _____

How did you hear of the Position? _____

What type of employment are you seeking? _____ Full Time _____ Part Time _____ Temporary

Education:

High School _____ City _____ State _____

High School Years Completed: _____

Undergraduate College _____ City _____ State _____

Degree Earned: _____

Subjects Studied While in College: _____

Graduate College _____ City _____ State _____

Degree Earned: _____

Subjects Studied While at Graduate School: _____

Special Skills:

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

For Driving Jobs Only: Do you have a valid driver's license? _____ Yes _____ No

Driver's License Number: _____ Class of License: _____

Have you had your driver's license suspended or revoked in the last three years? _____ Yes _____ No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships with reveal race, color, religion, national origin, sex, age or disability or other protected status.)

References

Are you presently employed? _____ Yes _____ No

May we contact your present employer? ____ Yes ____ No

Have you ever been fired or asked to resign from a job? ____ Yes ____ No If yes please explain:

Have you worked or attended school under any other names? ____ Yes ____ No

If yes, give names: _____

References (Give three references, not relatives or former employers)

Name	Address	Work #	Home

Work History: List names of employers with present or last employer listed first. Account for all periods of time, including military service and any period of unemployment. If self-employed, give firm name and supply business references. Provide telephone numbers and names of individuals to contact.

Employer	Address	Phone	From	To	Salary	Title	Supervisor

**AFFIDAVIT
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I UNDERSTAND that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I AUTHROIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements.

I UNDERSTAND that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment as required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Signature: _____

Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.