



ESSENCE
BOTTLING CO.
Since 1985

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE- AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

All questions must be answered

PERSONAL INFORMATION

Name			Social Security No.		
Present Address		Apt. No.	City		Zip
Are You 18 Years or Older? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home Phone		Cell Phone		Other

DESIRED EMPLOYMENT

Position		Date you can start?	Desired salary?
If hired, what shift do you prefer? <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> DOES NOT MATTER			
Are you now employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If so may we inquire of you present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever applied to Essence Bottling before? <input type="checkbox"/> YES <input type="checkbox"/> NO When?			
Have you ever worked for Essence Bottling before? <input type="checkbox"/> YES <input type="checkbox"/> NO When?			
What was the reason for leaving Essence Bottling?			
How did you find out about this position?			
Do you know anyone who currently works at Essence Bottling? If so, who?			

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SPECIAL TRAINING, CERTIFICATION, LICENSES

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MILITARY SERVICE RECORD

Branch of Service?	Honorable Discharge <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other <input type="checkbox"/>
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GENERAL

Have you ever been convicted of a felony within the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain. (Will not necessarily exclude you from consideration)

PRESENT OR FORMER EMPLOYERS

Name of present Or last employer			
Address	City	State	Zip
Starting date	Leaving date	Job title	
Weekly salary	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of supervisor	Phone
Description of your work			
Reason for leaving			

Name of previous employer			
Address	City	State	Zip
Starting date	Leaving date	Job title	
Weekly salary	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of supervisor	Phone
Description of your work			
Reason for leaving			

Name of previous employer			
Address	City	State	Zip
Starting date	Leaving date	Job title	
Weekly salary	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of supervisor	Phone
Description of your work			
Reason for leaving			

PERSONAL REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least one year.

NAME	ADDRESS & PHONE NO	BUSINESS	YEARS ACQUAINTED

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Essence Bottling has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Essence Bottling Company representative."

Date _____ Signature _____

OFFICE USE ONLY: Start Date: _____ Starting Salary: _____