

FRIAR TUCK BEVERAGE

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER "M/F"

Last Name (Please Print)		First	Middle	Date of Application
Present Address - Street		City	State	Zip Code
Check One <input type="checkbox"/> Under 16 <input type="checkbox"/> 16-17 <input type="checkbox"/> 18-20 <input type="checkbox"/> 21 or older				Social Security Number

JOB INTEREST AND AVAILABILITY

For what position are you applying? _____ When could you report? _____

Fill in hours available for work--not just preference. (Indicate A.M. or P.M.) Check one -- Full-Time Part-Time

From - To	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Total number of hours you would like to work each week _____ Minimum _____ Maximum _____

HIGH SCHOOL (Circle Last Year Completed 9 10 11 12 / Grade Average)

Name of High School _____ City _____ State _____

COLLEGE

Name of Undergraduate School _____ City _____ State _____

Major	Minor	Degree	Did you Graduate?	No. of College Credits	Cumulative Point Average on a scale of pts.
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Name of Graduate School _____ City _____ State _____

Major	Minor	Degree	Did you Graduate?	No. of College Credits	Cumulative Point Average on a scale of pts.
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SKILLS (Which You Feel May Be Helpful)

	Months	Years		Months	Years

ACTIVITIES (State school, business, trade, professional or civic activities which you feel may be helpful. It is not necessary to specify group names which indicate race, age, religion, sex or national origin.)

MILITARY INFORMATION

Have you ever served in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What branch?	What were your primary duties?	Rank or grade at time of separation
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Are you an active reserve member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What branch?	What are your primary duties?	Rank or grade
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MISCELLANEOUS INFORMATION

Have you been convicted of or pleaded guilty to a felony or to a crime of theft in the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details
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Do you have any physical or mental condition which would currently limit your ability to perform the Job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
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Have you received compensation for an industrial injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain nature of injury
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PLEASE FILL OUT YOUR WORK HISTORY ON THE OTHER SIDE OF THIS APPLICATION - Including Part-time Jobs if appropriate

PREVIOUS EMPLOYMENT (Begin with the most recent and list last two)

TO BE COMPLETED BY STORE MGR. OR APPROPRIATE DEPT. MGR.

COMPANY NAME				ARE DATES CORRECT? <input type="checkbox"/> Yes <input type="checkbox"/> No		ANY ABSENTEEISM	
STREET		CITY		TELEPHONE NO.		PROBLEMS	
KIND OF WORK DONE			SUPERVISOR'S NAME & TITLE			IS RATE OF PAY CORRECT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHY DID YOU LEAVE?				HOW WAS HIS/HER PERFORMANCE?			
WHAT DID YOU LIKE BEST ABOUT YOUR JOB?				WHAT WERE HIS/HER DUTIES?			
WHAT DID YOU LIKE LEAST ABOUT YOUR JOB?				WHY DID HE/SHE LEAVE?			
DATE STARTED		DATE LEFT		BEGINNING RATE OF PAY		FINAL PAY RATE	
Mo/Day/Year		Mo/Day/Year		\$ per		\$ Per	
CONTACT						CHECKED BY	
TITLE						DATE	

COMPANY NAME				ARE DATES CORRECT? <input type="checkbox"/> Yes <input type="checkbox"/> No		ANY ABSENTEEISM	
STREET		CITY		TELEPHONE NO.		PROBLEMS	
KIND OF WORK DONE			SUPERVISOR'S NAME & TITLE			IS RATE OF PAY CORRECT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHY DID YOU LEAVE?				HOW WAS HIS/HER PERFORMANCE?			
WHAT DID YOU LIKE BEST ABOUT YOUR JOB?				WHAT WERE HIS/HER DUTIES?			
WHAT DID YOU LIKE LEAST ABOUT YOUR JOB?				WHY DID HE/SHE LEAVE?			
DATE STARTED		DATE LEFT		BEGINNING RATE OF PAY		FINAL PAY RATE	
Mo/Day/Year		Mo/Day/Year		\$ per		\$ Per	
CONTACT						CHECKED BY	
TITLE						DATE	

PLEASE INDICATE WHICH HOLIDAYS YOU BELIEVE YOU WILL BE **UNABLE** TO WORK:

- | | |
|--|--|
| <input type="checkbox"/> DAY BEFORE MEMORIAL DAY | <input type="checkbox"/> DAY BEFORE THANKSGIVING |
| <input type="checkbox"/> MEMORIAL DAY | <input type="checkbox"/> THANKSGIVING DAY |
| <input type="checkbox"/> DAY BEFORE 4TH OF JULY | <input type="checkbox"/> CHRISTMAS EVE |
| <input type="checkbox"/> 4TH OF JULY | <input type="checkbox"/> CHRISTMAS DAY |
| <input type="checkbox"/> DAY BEFORE LABOR DAY | <input type="checkbox"/> NEW YEAR'S EVE |
| <input type="checkbox"/> LABOR DAY | <input type="checkbox"/> NEW YEAR'S DAY |

APPLICANT: Please Read and Attest to the following Statement:

I certify that the information I have given on this application is true and complete and understand that any false or misleading information given, or the omission of any pertinent information, including that given at the time of a physical examination, may be considered as sufficient reason for my discharge if I am hired. I hereby waive and release to the Company any privilege which I may now have with respect to medical information disclosed by examination, by investigation of, or communication to physicians employed by the Company.

I hereby authorized the company to investigate my record with my former employers, personal references and creditors and to obtain a consumer report as defined under Section 603(d) of the Fair Credit Reporting Act; also release the Company and all informants from all liability whatsoever resulting from such an investigation. I understand that should employment be denied on the basis of information contained in a consumer report obtained from a consumer reporting agency, the Company will supply and address to the consumer reporting agency.

Applicant's Signature

Date of Signature

"We appreciate your interest and the time you have taken to complete this application."

INTERVIEWED BY:

DEPARTMENT MANAGER

DATE

STORE MGR./RESIDENT

DATE

STARTING DATE: _____ JOB CLASS _____ HOURLY RATE _____