

Do you have any relatives who are presently (or have formerly been) employed by Tanczos Beverages, Inc.? ! Yes ! No

If yes, please provide his/her name(s): _____

How did you hear of Tanczos Beverages? _____

PRIOR EXPERIENCE: List most recent employment first.

1. Employer: _____ Person to Contact: _____

Address: _____ Phone: () _____

City: _____ State: ____ Zip: _____

Dates Employed: From _____ to _____ Starting Wage: _____ Last Wage: _____

Position Held/Duties: _____

Reason for Leaving: _____

2. Employer: _____ Person to Contact: _____

Address: _____ Phone: () _____

City: _____ State: ____ Zip: _____

Dates Employed: From _____ to _____ Starting Wage: _____ Last Wage: _____

Position Held/Duties: _____

Reason for Leaving: _____

3. Employer: _____ Person to Contact: _____

Address: _____ Phone: () _____

City: _____ State: ____ Zip: _____

Dates Employed: From _____ to _____ Starting Wage: _____ Last Wage: _____

Position Held/Duties: _____

Reason for Leaving: _____

SCHOOL MOST RECENTLY ATTENDED:

Name: _____ Address: _____

City: _____ State: _____ Phone: (____) _____

Last Completed Grade: _____ Grade Point Average: _____

Graduated: ! Yes ! No Currently Enrolled: ! Yes ! No

Sports or Activities: _____

REFERENCES:

Individuals who have first-hand knowledge of your abilities. (Do not provide relatives or former employees.)

| | <u>Name</u> | <u>Address</u> | <u>Phone</u> | <u>Relationship</u> | <u>Years Known</u> |
|----|-------------|----------------|----------------|---------------------|--------------------|
| 1. | _____ | _____ | (____) _____ | _____ | _____ |
| 2. | _____ | _____ | (____) _____ | _____ | _____ |
| 3. | _____ | _____ | (____) _____ | _____ | _____ |

If you application is considered favorably:

1. On what date will you be available for work? _____
2. Do you have objections to working overtime? ! Yes ! No
3. Do you have an objection to working evenings or weekends? ! Yes ! No
4. Can you work overtime without prior notice? ! Yes ! No
5. What pay rate would you require? \$ _____ per _____

Person to be notified in the event of an accident or emergency:

Name: _____ Home Phone: (____) _____

Relationship: _____ Work Phone: (____) _____

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

APPLICANT’S STATEMENT:

1. I hereby affirm that the information on this application, and that given in connection with this application, is correct and true. I understand that any false, misleading or incomplete answers or statements or implications made by me in connection with this application, or other required documents, or the failure to disclose any relevant information, shall result in the denial of employment or justification for discharge if discovered at a later date.
2. I authorize a thorough investigation of my past employment and activities and agree to cooperate in such an investigation. Further, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the position(s) for which I am being considered or any future position(s) in the event I am hired. **In consideration of my receipt on this application and my being considered for employment, I hereby release from all liability or responsibility all persons and corporations requesting or supplying such information.**
3. I understand that my employment is terminable-at-will, that I am not being employed for any specified time, and that this application is not, and is not intended to be, a contract for continued employment. No representative of Tanczos Beverages, Inc. has the authority to enter into any agreement for employment for a specified period of time, or to make any agreement contrary to this paragraph.
4. I hereby agree to submit to any lawful drug or alcohol test that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment will result in disciplinary action, up to and including discharge.
5. By signing this application I affirm that I have read this “Applicant’s Statement”, that I understand the significance of the releases contained in Paragraph 2, that I intend to be legally bound by them, and that I am agreeing to them knowingly and voluntarily.

Date

Signature

FOR OFFICE USE ONLY

| | Most Unfavorable | | | | Most Favorable |
|-----------------------|------------------|---|---|---|----------------|
| Appearance | 1 | 2 | 3 | 4 | 5 |
| Attention | 1 | 2 | 3 | 4 | 5 |
| Experience (quantity) | 1 | 2 | 3 | 4 | 5 |
| Experience (quality) | 1 | 2 | 3 | 4 | 5 |
| Curiosity | 1 | 2 | 3 | 4 | 5 |
| Ambition | 1 | 2 | 3 | 4 | 5 |
| Stability | 1 | 2 | 3 | 4 | 5 |
| Innovation | 1 | 2 | 3 | 4 | 5 |
| Self-Management | 1 | 2 | 3 | 4 | 5 |
| Decision Making | 1 | 2 | 3 | 4 | 5 |
| References | 1 | 2 | 3 | 4 | 5 |

Total Points: _____

Other Information or Observations: