



**EMPLOYMENT EXPERIENCE (Start with most recent).**

Include military service, assignments, and volunteer activities. Exclude organization names which may indicate race, color, religion, age, sex, national origin or disability.

- 1. Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Rate of Pay \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Work Performed \_\_\_\_\_
  
- 2. Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Rate of Pay \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Work Performed \_\_\_\_\_
  
- 3. Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Rate of Pay \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Work Performed \_\_\_\_\_

May we contact all employers and supervisors list above? \_\_\_ Yes \_\_\_ No

If not, which ones should we not contact?

**CERTIFICATIONS:**

In signing this application for employment, I state that I am genuinely interested in employment with this company. I further state that under penalty of perjury that, in completing this application for employment form, all of my responses are true and complete to the best of my knowledge. I understand that by accepting this application neither the Company nor any of its employees have expressed or implied offers of employment. I understand and agree, that, if hired, my employment is for no definite period and may be terminated at any time without prior notice. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that warehouse and driver positions require hearing, eyesight, the use of arms and legs, sitting, bending, stooping and possible lifting up to eighty-five (85) pounds on a repetitive basis. I also acknowledge that warehouse work requires working in an environment with possible extremes in temperature and humidity. I certify that I can meet these conditions.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge whenever discovered, and that I will be required to abide by all rules and regulations of the Company. **I understand that as a condition of employment I may be required to submit to a blood and/or urine test for determining the use of drugs and/or alcohol. By submitting this application I agree to submit to such a test.** I certify that I am not currently using any illegal or illicit drugs. I also understand that if I am offered employment with this Company, I may be required to pass a physical examination prior to commencing employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# CERTIFICATION

I am applying for the position(s) of \_\_\_\_\_ . I certify I have reviewed the applicable job description(s) and can perform the job duties, with or without accommodation.

I certify all of the information is true and complete to the best of my knowledge. I understand and agree that false or misleading information given in my application or interview(s) will disqualify me from employment and, if I become employed by LaMonica Beverages, Inc., will be ground for immediate termination of my employment.

In consideration of LaMonica Beverages, Inc. processing my application for employment, I hereby authorize, request, and direct any governmental or law enforcement agency, consumer reporting agency, current or former employer, manager, and/or supervisor, and/or personal reference identified by me to provide to LaMonica Beverages, Inc. and its designated agent and representative information about me. I hereby authorize LaMonica Beverages, Inc. to request and receive any such information. I hereby waive and release all rights against any person or entity for claims of any nature whatsoever arising out of communications they make in reliance upon this paragraph and I agree to indemnify and hold harmless any person or entity for liability incurred because of reliance upon this paragraph.

I understand that, if hired, I will be an employee at will and either I or the company can terminate our employment relationship at any time, for any reason, with or without notice, and with or without cause. I understand that no representative of the company, except the President and/or Executive Vice President by a signed writing, has the authority to enter into an agreement with me that alters my at will status. I further certify that neither the company nor any of its employees have made any express or implied offers of employment to me.

I understand that as a condition of employment I may be required to submit to a blood and/or urine test for determining the use of drugs and/or alcohol. By submitting this application, I agree to submit to such a test. I certify I am not currently using any illegal or illicit drugs. I also understand that, if I am offered employment with the company, I may be required to submit to a physical examination prior to commencing employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date