**LaMONICA BEVERAGES, INC.**

**EMPLOYMENT APPLICATION**

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application. Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

**(PLEASE PRINT)** Date of Application: \_\_\_\_\_\_\_\_\_ Position(s) Applied For: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source: \_\_Advertisement \_\_Friend \_\_Relative \_\_Walk-in \_\_Other/Referred By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Number) (Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (State) (Zip Code)

Telephone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

* Have you filed an application here before? \_\_\_Yes \_\_\_No If yes, give date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you 21 years of age or older? \_\_\_Yes \_\_\_No
* Are you employed now? \_\_\_Yes \_\_\_No If yes, may we contact your present employer? \_\_\_Yes \_\_\_No
* Are you on layoff and subject to recall? \_\_\_Yes \_\_\_No
* Minimum acceptable starting pay $\_\_\_\_\_\_\_\_\_\_\_\_ per hour
* On what date would you be available to start work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you available to work \_\_\_\_Full-time \_\_\_\_Part-time \_\_\_\_Temporary
* Do you hold a current Illinois Driver’s License? \_\_\_Yes \_\_\_No
* Do you hold a current Commercial Driver’s License? \_\_\_Yes \_\_\_No
* Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_A \_\_\_B \_\_\_C
* Do you hold a current DOT Medical Examiner’s Certificate? \_\_\_Yes \_\_\_ No
* Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status?

 \_\_\_Yes \_\_\_No (Proof of citizenship or immigration status is required upon employment)

* Have you ever been convicted of a felony within the past seven (7) years? \_\_\_Yes \_\_\_No

 A conviction will not necessarily bar employment. If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you a veteran of the U.S. Military \_\_\_Yes \_\_\_No Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION/ TRAINING:**

Names of Schools/ Programs Attended Circle Years Completed Diploma or Degree

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9 10 11 12 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 2 3 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/ Technical\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifications or Licenses you hold:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any specialized training, apprenticeships, skills and extra-curricular activities which you have, or any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please 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: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Starting pay $\_\_\_\_\_\_\_\_\_\_\_per hour Ending pay $\_\_\_\_\_\_\_\_\_\_\_per hour

 Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Performed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 May we contact this employer? \_\_\_Yes \_\_\_No Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates Employed: \_\_\_\_\_\_to\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Starting pay $\_\_\_\_\_\_\_\_\_\_\_per hour Ending pay $\_\_\_\_\_\_\_\_\_\_\_per hour

 Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Performed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 May we contact this employer? \_\_\_Yes \_\_\_No Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates Employed: \_\_\_\_\_\_to\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Starting pay $\_\_\_\_\_\_\_\_\_\_\_per hour Ending pay $\_\_\_\_\_\_\_\_\_\_\_per hour

 Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Performed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 May we contact this employer? \_\_\_Yes \_\_\_No Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION:**

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, 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, eye sight, the use of arms and legs, sitting, standing, 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 requirements and conditions.

In the event of employment, I understand that any 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 at any given time 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 at any given time.** 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 grounds 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 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 that 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 of applicant Date

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