



OBX BEVERAGE COMPANY

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL
OPPORTUNITY EMPLOYER

Application for Employment

Personal Information _____			DATE _____		OFFICE ONLY
NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.		
PRESENT ADDRESS		CITY	STATE	ZIP CODE	
PERMANENT ADDRESS		CITY	STATE	ZIP CODE	
PHONE NO.	SECONDARY PHONE NO.		REFERRED BY		

Employment Desired _____					LAST NAME <input type="checkbox"/> <input type="checkbox"/>
POSITION			DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, MAY WE INQUIRE OF PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EVER APPLIED TO OBX BEVERAGE COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		WHERE		WHEN	
EVER WORKED FOR OBX BEVERAGE COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		WHERE		WHEN	
REASON FOR LEAVING					
			NAME OF LAST SUPERVISOR AT OBX BEVERAGE COMPANY		
HOW DID YOU FIND OUT ABOUT THIS POSITION?		EMPLOYMENT AGENCY <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/>	NEWSPAPER ADVERTISING <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/>	FRIEND <input type="checkbox"/> WALK IN <input type="checkbox"/> ONLINE/WEB <input type="checkbox"/>	OTHER <input type="checkbox"/>

Education History _____					
	NAME & LOCATION OF SCHOOL	SUBJECTS STUDIED	YEARS ATTENDED	GRADUATED?	
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL					

General Information _____	
SPECIAL TRAINING, CERTIFICATIONS, LICENSES	
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.	

Military Service Record _____	
HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH OF SERVICE
DISCHARGE DATE	RANK

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$		WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$		WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$		WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

References (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME & PHONE NO.	ADDRESS	TYPE OF BUSINESS

Special Purpose Questions

ANSWER ALL THE QUESTIONS BELOW, THE EMPLOYER REQUIRES, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

ARE YOU A U.S. CITIZEN? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST FIVE (5) YEARS? YES NO

DESCRIBE:

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

I understand and agree that I may be required to take a physical examination and a drug test, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). YES NO

Are you able to perform each of the following job functions with or without an accommodation?

JOB FUNCTION #1: Ability to lift 25 pounds frequently, 160 pounds occasionally. YES NO

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

JOB FUNCTION #2: Ability to push or pull carts on wheels up to 700 pounds frequently or occasionally. YES NO

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

JOB FUNCTION #3: Ability to bend, squat, stoop, and kneel on a frequent basis and the ability to work with hands and arms overhead. YES NO

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

Were you ever seriously injured? YES NO

Give details:

Authorization _____

"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 employees 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 for any liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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 company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____

SIGNATURE _____



DRUG TESTING POLICY AND CONSENT FORM

It is the policy of OBX BEVERAGE COMPANY to maintain a safe and efficient work environment, free from illegal narcotics, drugs, controlled substances, and alcohol. These policies are mandated by the Federal regulations effective December 21, 1990. All employees are affected by this mandate.

As a condition of employment, applicants and employees may be required to undergo drug and alcohol abuse testing, including providing urine specimens.

Refusal to consent to this testing or to be tested, falsification of a test, or positive test results, will result in denial of initial employment or discipline action that may include termination of employment.

As an employee or prospective employee of OBX BEVERAGE COMPANY I consent to submit to this testing and understand that the results of any tests may be disclosed to authorized Company representatives.

Employee name (*Please Print*)

Signature

Date



DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such reports; as information from DAC concerning previous driving record requests made by other such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain in file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

DRIVING RECORD

DATE	CHARGE / PENALTY	NATURE OF ACCIDENT	LOCATION	FATALITIES	INJURIES

DRIVING EXPERIENCE AND QUALIFICATIONS

Empty rectangular box for driving experience and qualifications.

Print Name

Driver Licenses #

Social Security No.

State - Driver License

Date of Birth

Type - Driver License

Expiration Date-License

Application's Signature

Date

DO NOT WRITE ON THIS PAGE - FOR INTERVIEWER'S USE ONLY

INTERVIEWED BY		DATE
REMARKS		
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

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REMARKS		
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

INTERVIEWED BY		DATE
REMARKS		
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES
APPROVED 1: EMPLOYMENT MANAGER			DATE	
APPROVED 2: DEPARTMENT MANAGER			DATE	
APPROVED 3: GENERAL MANAGER			DATE	