



APPLICATION FOR EMPLOYMENT

DATE RECEIVED _____

TIME RECEIVED _____

All applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin or handicap. Acceptance of this application does not assure employment with this company.

GENERAL INFORMATION

Name: _____
 Last First Middle Other/Former Name SocSec#

Address: _____
 Street City State Zip Code Telephone No.

Are you over 18 years of age? _____ If hired, can you furnish proof of age? _____

If hired, can you furnish written evidence of a right to work in this country? _____

If hired and required by position applied for, can you furnish proof of a valid driver license? _____

How did you find out about this position? _____

POSITION INFORMATION

Position Desired: _____ Status desired: Part / Full Time Salary expected: _____

Date available for work: _____

Have you ever applied for work before with CCD? _____ When? _____ Position? _____

Have you ever worked for CCD before? _____ When? _____ Position? _____

Why did you leave? _____

Do you have any relatives who work or have worked for CCD? _____ Name: _____

EDUCATION

Name/Location of School	Dates & Grade Completed	Graduated?	Diploma/Degree

Can you perform the essential job functions with or without reasonable accomodations? _____

EMPLOYMENT EXPERIENCE

Name/Address of Company and Type of Business	From		To		Weekly Starting Salary	Reason of Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr			
Describe the work you did:							
Telephone							
Name/Address of Company and Type of Business	From		To		Weekly Starting Salary	Reason of Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr			
Describe the work you did:							
Telephone							
Name/Address of Company and Type of Business	From		To		Weekly Starting Salary	Reason of Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr			
Describe the work you did:							
Telephone							

READ & INITIAL

- _____ 1. I authorize investigation of all statements contained in this application form if I am considered for employment and authorize previous employers or references named to give any and all information that may or not be on their records.
- _____ 2. I understand that misrepresentation or omission of the facts called for on this form, receipt of unsatisfactory references, or failure to pass a physical exam will be sufficient cause for termination if I shall have been employed.
- _____ 3. I understand and agree that I may be required to take a physical examination, including drugs and alcohol testing, at company expense, at any time to determine if I am physically fit for the job I am to perform, and I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the company.
- _____ 4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.
- _____ 5. I understand that this is an application for employment and that no employment contract is being offered.
- _____ 6. I understand that if I am employed, such employment is for an indefinite period of time, and that the company can discharge me at anytime, with or without reason of notice.

I acknowledge by initialing the above six (6) paragraphs that I have read, understand, and agree to same.

Dated _____

Signature: _____

**APPLICANT'S CERTIFICATION AND AGREEMENT WITH
CENTRAL COAST DISTRIBUTING**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand false statements on this Application will result in immediate dismissal or removal of my Application from consideration. I authorize the Company to investigate all statements contained in this Application and to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising therefrom.

(Initials)

I understand that employment at the Company is "at will", which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the President, has any authority to alter the foregoing and then only in writing.

(Initials)

If I am employed by the Company, and my employment is terminated and I believe the termination was wrongful and/or violated any of my rights, I and the Company agree to submit any dispute arising out of the termination of my employment exclusively to final and binding arbitration before a neutral arbitrator and not to any court. I and the Company also agree that any claim by me of unlawful harassment or discrimination allegedly occurring in the course of my employment with the Company which cannot be resolved by the Company's internal process and/or with the administrative assistance of the California Department of Fair Employment and Housing ("DFEH") or the Equal Employment Opportunity Commission ("EEOC") will be submitted exclusively to final and binding arbitration and not to any other forum.

(Initials)

If I decide to dispute my termination, I agree to deliver a written request for arbitration to the Company within the time limits which would apply to the filing of a civil complaint in court. If the Company does not receive a written request for arbitration from me within the time limits which would apply to the filing of a civil complaint in court, I agree I will have waived any right to raise any claims arising out of the termination of my employment at the Company in arbitration or in any court or other forum.

(Initials)

If I and the Company are unable to agree upon a neutral arbitrator, the Company will obtain a list of five (5) arbitrators from a state or federal arbitration service. I (first) and then the Company will alternately strike names from the list until only one name remains; the remaining person shall be the arbitrator. The arbitrator shall be bound by the qualifications and disclosure provisions of the Model Employment Arbitration Procedures of the American Arbitration Association then in effect and shall order such discovery as is appropriate to nature of the claim. The arbitrators shall have the authority to order any legal and equitable remedy which would be available in a civil or administrative action on the claim.

Arbitration proceedings shall be held in the city or town where my employment services were performed, at the Company's headquarters, or at any other location mutually agreed upon by me and the Company. The arbitrator shall determine the prevailing party in the arbitration and the costs of the arbitration shall be paid by the non-prevailing party.

I and the Company agree that if any court of competent jurisdiction declares that any part of this arbitration agreement is illegal, invalid, or unenforceable, such a declaration will not affect the legality, validity, or enforceability of the remaining parts of this agreement and the illegal, invalid, or unenforceable part will no longer be part of this agreement. The provisions of this arbitration agreement shall survive the termination of my employment and any other agreement associated therewith and shall remain in full force and effect thereafter.

THIS APPLICATION CONTAINS A WAIVER OF YOUR RIGHT TO A TRIAL BY COURT OR JURY IN A DISPUTED TERMINATION AND/OR FOR CLAIMS OF UNLAWFUL HARASSMENT OR DISCRIMINATION ALLEGEDLY OCCURRING DURING THE COURSE OF EMPLOYMENT.

Signature: _____

Date: _____

Printed Name: _____