



Date Received: _____

Time Received: _____

APPLICATION FOR EMPLOYMENT

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.

PERSONAL INFORMATION

Name: _____
Last First Middle

Social Security Number: _____ Phone Number: _____

All Names Used in the Past:

Last First Middle

Present Address:

Street City State Zip Code

Residence Addresses During the Past Ten Years:

Street City State Zip Code

Street City State Zip Code

Street City State Zip Code

State Name of Any Relatives Working For Central Coast Distributing:

EMPLOYMENT DESIRED

Position Desired: _____ Status desired: Part / Full Time Date You Can Start: _____

Circle One

Expected Rate of Pay? _____

Are You Employed Now? _____ If So, May We Contact Your Present Employer? _____

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

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

Why did you leave? _____

EDUCATION AND SKILLS

	Elementary School	High School	Undergraduate University	College	Graduate/ Professional
School Name & Location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4		1 2 3 4
Diploma/Degree					
Describe any specialized training, apprenticeship, skills or extra-curricular activities that are relevant to the job for which you are applying					
Describe any honors, scholarships, appointments or awards you have received					
State any additional information you feel may be helpful to us in considering your application					

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

List any professional or vocational certificates, licenses, or registrations that you currently hold or have held in the past:

List any job-related professional or technical organizations to which you belong:

U.S. Military or Naval Service? Yes No Rank: _____

Citations/Awards: _____

List any job-related skills that you learned while in the U.S. Military or Naval Service:

If you are applying for a position that requires driving:

Driver's License Information:

Do you have automobile insurance as required by state law? Yes No

State: _____ Number: _____ Expiration Date: _____

Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying):

GENERAL INFORMATION:

What do you expect to be doing in five years?	What would your last manager/supervisor say about your job performance?
What has been your favorite/most interesting job?	What made it enjoyable/interesting?
What job did you dislike most?	Why did you dislike it?

Have you entered into any agreements with any former employer (for example, an agreement not to compete or confidentiality agreement) that may impact your ability to work for the Company? Yes No

Are you over 18 years of age? Yes No

Have you ever initiated an act of violence in the workplace? Yes No

Have you used illegal drugs within the past three (3) weeks? Yes No

If yes, which illegal drugs did you use and when? _____

Are you able to perform the duties of the position for which you are applying, including regular attendance? Yes No

FORMER EMPLOYERS:

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1. Employer:	Dates Employed		Job Title	Name of Supervisor
	From Yr	Mo Mo	To Yr	Reason for Leaving
Address:	Describe the work you did:			
Telephone:				
2. Employer:	Dates Employed		Job Title	Name of Supervisor
	From Yr	Mo Mo	To Yr	Reason for Leaving
Address:	Describe the work you did:			
Telephone:				
3. Employer:	Dates Employed		Job Title	Name of Supervisor
	From Yr	Mo Mo	To Yr	Reason for Leaving
Address:	Describe the work you did:			
Telephone:				

What hourly wage or salary are you requesting should you be offered employment?

Hourly Rate: _____ Salary Rate: _____

Did you receive written performance evaluations from any of your prior employers? Yes No

If so, please list the employers that did such evaluations, describe the frequency of such evaluations and check the appropriate box indicating whether you signed such evaluations:

Yes No

Employer	Frequency of evaluations(e.g., annual, bi-annual, etc.	Signed?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Have you been discharged or asked to resign from a position or a job?

Yes	No
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Explain Reasons:

Explain any gaps in your employment history. (Do not provide information about any physical or mental disabilities or other medical information.)

REFERENCES:

List three non-employment references who are not related to you, and have known you for at least one year.

Name	Address	Telephone Number	Years Acquainted
1			
2			
3			

In Case of Emergency Notify: _____
Name

Address Telephone Number

I understand and acknowledge the following:

1 I understand that I am entitled to copies of any public records obtained directly by the Company in connection with my application for employment. Check one:

_____ I waive _____ do not waive
my right to receive copies of public records obtained directly by the Company.

2 If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.

3 I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.

4 I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.

5 I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the President of Central Coast Distributing, no supervisor or manager may alter or amend the above conditions. Only the President of the Company has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

6 I understand and agree that, if I am offered a position, it will be a conditional offer based on my successful passing of both a drug and alcohol screen and job related medical examination.

7 I understand and agree that as a condition of my employment I may be required to undergo a medical examination.

8 I understand and agree that as a condition of my employment, I may be required to undergo drug testing and any other testing to the extent permitted by applicable laws.

9 I agree that I will settle any and all previously unasserted claims, disputes, or controversies arising out of or relating to my employment, my application or candidacy for employment, and/or cessation of employment with Central Coast Distributing, exclusively by final and binding arbitration before a neutral Arbitrator (pursuant to the Company's Alternative Dispute Resolution Policy). By way of example only, such claims include claims under federal, state, and local statutory law, such as the Fair Employment and Housing Act, Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the American With Disabilities Act, the law of contract and the law of tort.

10 If I am offered employment, I will, as a condition of employment furnish proof that I am over 18 years of age.

11 I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company.

12 I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.

13 I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through twelve (12) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by Michael Larrabee, CEO and President of Central Coast Distributing.

Signature: _____ Date: _____

Printed Name: _____