



1369 Martin Road – P.O. Box 358 50704 – Waterloo, Iowa 50701

Phone (319) 234-2605

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www.fahrbeverage.com

FAHR BEVERAGE, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, religion, age mental or physical disability, veteran status, medical status, sexual orientation, pregnancy, and/or other characteristics protected by federal, state, or local law.

Note: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application processes, or if discovering after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

Today's Date: _____

1. **Name:** _____
Last First Middle

2. **Address:** _____
Street City State Zip Code

3. **Telephone Number:** (____) _____ - _____

4. **Are you 21 years of age or older? YES or NO**
If employed, and under the age of 18, can you furnish a work permit? YES or NO

5. **Do you have a legal right to work in the United States? YES or NO**
If employed, you will be required to provide proof.

6. **Have you applied to Fahr Beverage, Inc. for employment in the past? YES or NO**
If yes, when? _____ Position applied for: _____

7. **Do you have any relatives currently employed by Fahr Beverage, Inc.**
If yes, who? _____ Relationship? _____

8. **Have you ever used another name that we would need in order to verify employment experience and education?**
YES or NO If yes, indicate name and date the name changed: _____

9. **Have you ever been convicted of a crime (felony/misdemeanor) or entered a plea of guilty/no contest to a crime?**
YES or NO If yes, state when, where and nature of conviction: _____

10. **Are you currently employed? YES or NO** If yes, may we contact your current employer at anytime? **YES or NO**
You may contact my current employer, but only when: _____

POSITION

1. Position for which you are applying: _____

First Choice

Second Choice

2. Salary/Wage desired: _____ per _____

3. Are you available to work: ___ Full Time ___ Part-Time ___ Temporary ___ On-Call
 ___ Evenings ___ Weekends ___ Overtime ___ Split Shift
 ___ Other: _____

4. When would you be available to start working: _____

5. How did you hear about the availability of the position for which you are applying?

___ Newspaper Ad ___ Employment Agency ___ Walk-In
___ Friend ___ Relative ___ Other: _____
___ Current Employee (s) _____

6. If the position for which you are applying requires the use of a vehicle, do you have a valid driver's license?

YES or NO *If yes: Do you have a Class A CDL? YES or NO*

License #: _____ Class: _____ State: _____ Expiration Date: _____

7. Do you have anything on your driving record that would keep our insurance company from insuring you?

YES or NO (Such as: an OWI, Speeding tickets, accidents, reckless driving, etc.) If yes, please explain below.

8. Do you have reliable transportation to and from work? **YES or NO**

9. Have you been given a Job Description, or have the requirements of the job been explained to you?

If yes, do you understand these requirements?

10. Can you perform any or all of the job functions for the position you are seeking, with or without reasonable accommodation? **YES or NO**

11. Can you meet the attendance standards of our company, requiring all employees to report to work on time for all scheduled shifts (day or night)? **YES or NO**

SPECIAL SKILLS AND TRAINING

1. Describe specialized training, apprenticeships, skills, or research: _____

2. List current certifications and/or professional licenses, if any, and where registered: _____

3. Office/Business equipment and software qualified or trained to use: _____

4. Indicated any language skills *other than* English:

Language _____
Reading ___ Fluent ___ Good ___ Fair
Speaking ___ Fluent ___ Good ___ Fair
Writing ___ Fluent ___ Good ___ Fair
Understanding ___ Fluent ___ Good ___ Fair

Language _____
Reading ___ Fluent ___ Good ___ Fair
Speaking ___ Fluent ___ Good ___ Fair
Writing ___ Fluent ___ Good ___ Fair
Understanding ___ Fluent ___ Good ___ Fair

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL – **RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION**

| | | | | |
|---|--|--------------------|-------|----------------------|
| Employer | | Dates Employed | | Key Responsibilities |
| | | From | To | |
| Address/City/State | | | | |
| Telephone Number | Supervisor's Name, Title, Telephone Number | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged | | | | |
| Explain? | | | | |

| | | | | |
|---|--|--------------------|-------|----------------------|
| Employer | | Dates Employed | | Key Responsibilities |
| | | From | To | |
| Address/City/State | | | | |
| Telephone Number | Supervisor's Name, Title, Telephone Number | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged | | | | |
| Explain? | | | | |

| | | | | |
|---|--|--------------------|-------|----------------------|
| Employer | | Dates Employed | | Key Responsibilities |
| | | From | To | |
| Address/City/State | | | | |
| Telephone Number | Supervisor's Name, Title, Telephone Number | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged | | | | |
| Explain? | | | | |

| | | | |
|----------|---------------------------------------|---------|-----------|
| Employer | Dates Employed from _____ to _____ | Address | Job Title |
| Employer | Dates Employed from _____ to _____ | Address | Job Title |
| Employer | Dates Employed from _____ to _____ | Address | Job Title |
| Employer | Dates Employed from _____ to _____ | Address | Job Title |

EDUCATION AND TRAINING

| TYPE OF SCHOOL | SCHOOL NAME | Major | Circle Last Year |
|------------------------------------|-------------|-------------------|------------------|
| High School City/State | | | 9 10 11 12 |
| Community College City/State | | Degree: YES or NO | 1 2 |
| College/University City/State | | Degree: YES or NO | 1 2 3 4 |
| Graduate School City/State | | Degree: YES or NO | 1 2 3 4 |
| Business/Trade/Night City/State | | Degree: YES or NO | 1 2 3 4 |

EMPLOYMENT REFERENCES

| Name | Business Relationship | Organization/Address/City/State | Telephone |
|------|-----------------------|---------------------------------|-----------|
| | | | () |
| | | | () |
| | | | () |

CERTIFICATION

***Directions:* PLEASE READ AND INITIAL THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM**

I hereby certify that I have personally completed this application and that the answer given by me to the foregoing questions and statements are true and complete and that no material has been omitted. I understand that any false statements appearing on this or any other employment form or false statements made during the interview will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient _____ reason for dismissal for the services of Fahr Beverage, Inc. Regardless of the time that has elapsed before discovery.

I understand that by filling this application in, this does not assure me a position with Fahr Beverage, Inc., and that this application is not, and is not intended to be a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime and at the option of either Fahr Beverage, Inc. or myself. I further understand that no one other than the President of Fahr Beverage, Inc. 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.

If employed by Fahr Beverage, Inc., I agree to abide by the rules, policies and procedures of Fahr Beverage, Inc. and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination will include drug and alcohol screening. I understand that Fahr Beverage, Inc. believes strongly in a drug-free work _____ environment and agree to abide by the drug and alcohol policies of Fahr Beverage, Inc. during the time of employment.

Signature of Applicant

Date