



ABERDEEN COCA-COLA BOTTLING CO./MID SOUTH FOOD SERVICE

APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME _____

SOCIAL SECURITY # _____

LAST

FIRST

MIDDLE

DRIVERS LICENSE # & STATE _____

CURRENT ADDRESS _____

STREET

CITY

STATE

PHONE # _____

ARE YOU 18 YRS OF AGE OR OLDER CIRCLE YES OR NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS
COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES OR NO

POSITION WANTED _____

DATE YOU CAN START _____

ARE YOU CURRENTLY EMPLOYED? _____

IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? _____

PLEASE PROVIDE CONTACT INFORMATION _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES OR NO

WHEN AND WHERE

Explanation: _____

EDUCATION

NAME & LOCATION OF SCHOOL/#YRS/DID YOU GRADUATE/COURSE OF STUDY

HIGH SCHOOL: _____

COLLEGE: _____

TRADE/BUSINESS SCHOOL: _____

SPECIAL SKILLS: _____

MILITARY SERVICE? _____

FORMER EMPLOYERS:

NAME & ADDRESS OF EMPLOYER/DATES WORKED/POSITION/REASON FOR LEAVING

1 _____

2 _____

3 _____

4 _____

REFERENCES:

NAME/ADDRESS/PHONE#/RELATIONSHIP/YRS AQUAINTED

1

2

3

FOR EMERGENCIES NOTIFY: _____ PHONE# _____

I CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION OMMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED MY APPLICATION WOULD BE DENIED OR MY EMPLOYMENT TERMINATED. IN CONSIDERATION OF MY EMPLOYMENT I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I AGREE THAT THE CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT NOTICE AT ANY TIME.

SIGNATURE: _____

FOR COMPANY USE ONLY

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

HIRED YES OR NO POSITION: _____ DEPT: _____

SALARY/WAGE: _____ START DATE: _____