LAKE BEVERAGE

Date: _____

Application for Employment

We appreciate your interest in Lake Beverage Corp. Lake Beverage offers equal opportunities to all persons without regard to race, color, religion, age, gender (including pregnancy, childbirth and related medical conditions), disability, national origin, ancestry, citizenship, military or veteran status, marital status, familial status; sexual orientation; gender identity or expression; domestic violence victim status; predisposing genetic characteristics or genetic information, or any other status protected by law. We will endeavor to make a reasonable accommodation/modification to the known physical or mental limitations of a qualified applicant with a disability to assist in the hiring process, unless the accommodation would impose an undue hardship on the operation of our business, in accordance with applicable federal state and local law. Applicants who require reasonable accommodation during the application process may contact dsnell@lakebeverage.com.

Personal Information

Name: _____ Telephone: _____
First M.I. Last

Present Address: _____
Street, City, State and Zip

Email address: _____

- If under 18 years of age, do you have a work permit? ☐ Yes ☐ No
- Are you legally eligible for employment in the United States? ☐ Yes ☐ No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required I-9 employment eligibility verification document form upon hire.

Employment Desired

Position(s) applied for: _____ Date you can start: _____

Have you ever worked for this company before? ☐ Yes ☐ No

When: _____ Supervisor: _____

Reason for leaving: _____

Education

Highest Grade Completed:

Grade School	High School	College
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ 9 ☐ 10 ☐ 11 ☐ 12	☐ 1 ☐ 2 ☐ 3 ☐ 4

Name of last school attended: _____ Degree Obtained: _____

License, Vocational or Trade Training: _____

Professional References

Please give the names of three persons not related to you, whom you have known professionally at least three years.

Name	Email Address	Telephone	Years Known

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Employment History

List all your work experience (starting with your most recent employer). Please account for all periods of unemployment in this section. You may attach additional sheets of paper.

Dates Employed:	Employer Information:
From:	Name of Employer:
	Address:
To:	Job Title:
	Name of Supervisor:
	Phone Number:

Briefly describe your job duties and work experience:

Reason for Leaving:

Dates Employed:	Employer Information:
From:	Name of Employer:
	Address:
To:	Job Title:
	Name of Supervisor:
	Phone Number:

Briefly describe your job duties and work experience:

Reason for Leaving:

Dates Employed:	Employer Information:
From:	Name of Employer:
	Address:
To:	Job Title:
	Name of Supervisor:
	Phone Number:

Briefly describe your job duties and work experience:

Reson for Leaving:

May we contact your present employer at this time? ☐ **Yes** ☐ **No**

Applicant's Statement

I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand that my employment with the Company is on an at-will basis, which means that my employment may be terminated with or without cause and with or without notice at any time, at the will the Company or me. I further understand that no representative or agent of the Company, other than the President, has the authority to enter into any agreement for employment for any specific period of time or to make an agreement contrary to the foregoing. I also understand that any agreement modifying my at-will employment status must be in writing and signed by the President. I give the Company permission to contact all or any of my previous employers and references and authorize them to disclose any information the Company may request in the course of its investigation of this application for employment and I hereby release the Company and such references and prior employers from any and all liability with respect to such disclosures.

After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of any such job-related medical examination. I also understand that I may be requested now or at any subsequent time during my employment with the Company to submit to drug and/or alcohol tests, at the Company's expense. I understand that if I refuse to take the test, my employment may be terminated immediately. I also understand that if a conditional offer of employment is made, the Company performs criminal background checks. A criminal conviction will not necessarily exclude me from consideration. Rather, each situation will be addressed on an individual basis, consistent with applicable law.

I have provided truthful and complete responses to all inquiries in the application and authorize the Company to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal or refusal to hire. If employed, I will abide by the Company's rules and regulations, which I understand are subject to change by the Company.

Date: _____ Applicant's Signature: _____