

Holiday Beverages, Inc.

471 Water Street • Indiana, PA 15701 • (724) 465-2770

APPLICATION FOR EMPLOYMENT

In order for you to be considered for employment, this application must be filled out IN ITS ENTIRETY.
Resumes are welcome but are not considered a substitute for the information requested below.

Please print legibly

GENERAL INFORMATION

Date: _____ Social Security No: _____/_____/_____

Name: First: _____ Middle _____ Last: _____

Present Address: _____ City _____ State _____ Zip _____

Permanent Address: _____ City _____ State _____ Zip _____

Are you Legally able to work in the United States? Yes No (Proof of Identity and Legal Authority to Work
are a Condition of Employment)

Birth date: _____/_____/_____ Phone number with Area Code: _____

Position Desired: _____ Starting Salary Desired: _____

Date Available for work: _____ Who referred you to Holiday Beverage? _____

Total Hours Available per Week _____ Type of Hours Available: Full Time Part Time Days Nights
(Circle all that apply)

Employment: Standard Temporary **If temporary, when will you no longer be able to work?** _____

Circle Days Available: M T W Th F Sat Sun
(Circle all that apply)

If there are any days or hours that you are unable or unwilling to work, please write specifics below:

Military Status (if applicable) Active Inactive Rank:

Are you currently serving in the National Guard or Reserves? Yes No

Have you been convicted of a felony in the past seven years? Yes No If Yes, please explain below

EDUCATION

Name **City** **State**

High School

Circle Highest Grade Completed: 9 10 11 12 Diploma or GED? Yes No

College (List all including Trade School even if degree was not obtained)

Name	Address	Major	Degree	Years Attended (e.g., 2004 – 05)
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Last year completed: 1 2 3 4 4+

Academic honors or Awards earned:

Extra-curricular activities:

Other education not listed above:

REFERENCES

List three (3) professional references that can verify past work history and performance.

Note: References should NOT be relatives and have supervised you directly during your work experience.

Name	Title	Company Name	City, State	Work Phone	Years Known
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WORK HISTORY

(List employment history beginning with the most recent job. Military service may also be included.)

Employer Name	Address	City, State	Phone No.	Type of Business
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Employed From/To	Job Title	Salary	Reason for Leaving	May we Contact?
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Yes No

Duties & Responsibilities

Employer Name	Address	City, State	Phone No.	Type of Business
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Employed From/To	Job Title	Salary	Reason for Leaving	May we Contact?
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Yes No

Duties & Responsibilities

Employer Name	Address	City, State	Phone No.	Type of Business
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Employed From/To	Job Title	Salary	Reason for Leaving	May we Contact?
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Yes No

Duties & Responsibilities

SIGNATURE PAGE

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that this application is not a guarantee of employment.

I certify that the information given in this application is truthful and complete to the best of my knowledge. I understand that any false or misleading information contained in this application will be grounds for dismissal or reason not to hire.

I authorize Holiday Beverages Inc. to conduct a background check based on the information contained in this application or other documentation provided to verify for accuracy and truthfulness. I also permit previous employers and/or references to release all information regarding myself to Holiday Beverages Inc. and I release all parties from all liability for any damage that may result from furnishing said information.

I understand that all employees of Holiday Beverages Inc. are employees 'at will'. Holiday Beverages and/or the applicant have the authority to terminate employment at any time for any reason, or for no reason without regard for salary or date that wages are paid.

No documents that you receive from Holiday Beverages Inc., including this application or Employee Handbook, shall be implied as creating an express or implied contract for a definite term. Only the board of directors of Holiday Beverages Inc. may alter the 'at will' status of employees and must do so in writing.

I understand that applications received will be considered active for 90 days from receipt.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ THE ABOVE STATEMENTS AND AGREE TO THE TERMS OUTLINED

DATE:

SIGNATURE
