

APPLICATION FOR EMPLOYMENT

Viking Coca-Cola Bottling Company
First Choice Food and Beverage
Viking Beverages

An Equal Opportunity Employer

Instructions: Please print all information and complete every part of this application. If there is a question that does not apply to you, mark "N/A." Do not leave any question unanswered. **Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment. You may add another page if necessary.**

Position applied for: _____ Today's date: _____

Date you can start: _____

How did you learn about this job? (Circle One) **MNWorks.net** **WIJobbank** **Craigslist** **School Posting**

Job Fair **Friend** **Newspaper** **Walk In** **Employee Referral** if so whom _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Home Address: _____
Street City State Zip Code

Home Phone: (____) _____ Other Phone: (____) _____

Email Address: _____

Are you available: ☐ Full-time ☐ Part-time ☐ Temporary. Please describe any work schedule limitations: _____

Have you applied for a job with us before? ☐ No ☐ Yes (If yes, state position applied for and date): _____

Have you been employed by us before? ☐ No ☐ Yes (If yes, state date and jobs): _____

Wage requirement (expected rate of pay): _____

Are you at least 18 years old? ☐ No ☐ Yes If not, are you at least 16 years old? ☐ No ☐ Yes

Have you ever been convicted of a criminal offense? Do not include convictions that are sealed, eradicated or expunged, or convictions that resulted in referral to a diversion program.

☐ No ☐ Yes, as follows: _____

Note: Convictions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, the seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Updated July 2, 2012

Are you legally eligible for employment in the United States?

No

☐

Yes

☐

Note: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment that you receive is contingent upon you providing the documentation and statement that we will request from you.

PRIOR EMPLOYMENT

List your last three jobs, beginning with the most recent (omit dates for jobs held more than five years ago).

1. Employer name/address/phone _____

Job Title _____ Duties _____
Name of Supervisor _____ Phone Number _____
Dates employed _____ to _____ Salary/Bonus _____
Reason for leaving _____

May we contact? ☐ Yes ☐ No
2. Employer name/address/phone _____

Job Title _____ Duties _____
Name of Supervisor _____ Phone Number _____
Dates employed _____ to _____ Salary/Bonus _____
Reason for leaving _____

May we contact? ☐ Yes ☐ No
3. Employer name/address/phone _____

Job Title _____ Duties _____
Name of Supervisor _____ Phone Number _____
Dates employed _____ to _____ Salary/Bonus _____
Reason for leaving _____

May we contact? ☐ Yes ☐ No

EDUCATION AND TRAINING

Name and location of high school _____

Graduated?

☐

No

☐

Yes

Please list technical or trade school, college, and post-graduate education, if any:

School/College	Level Completed	Degree	Major Subject(s)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

OTHER SKILLS

Describe any computer, tool, equipment, or office machine skills and proficiency level:

Describe any other special skills or additional qualifications that may help you in the position applied for:

If you hold any licenses or certificates for the position you are applying for, enter it here, including state, license or certificate type, date, issued, and license or certificate number:

REFERENCES

Please list work or education references. Please do not list friends or relatives.

1. Name _____ Phone (____) _____
How long known? _____ Occupation _____
2. Name _____ Phone (____) _____
How long known? _____ Occupation _____
3. Name _____ Phone (____) _____
How long known? _____ Occupation _____

Viking Coca-Cola Bottling Company First Choice Food and Beverage Viking Beverages

Name of Applicant

By signing below, I certify that the answers and information set out above are true, accurate, and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize Viking Coca-Cola Bottling Company, First Choice Food and Beverages, Viking Beverages to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or education history or my character, to provide Viking Coca-Cola Bottling Company, First Choice Food and Beverages, Viking Beverages with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Viking Coca-Cola Bottling Company, First Choice Food and Beverages, Viking Beverages has the authority to make oral contracts of employment. If hired, my employment relationship with Viking Coca-Cola Bottling Company, First Choice Food and Beverages, Viking Beverages is terminable at-will, with or without cause, by either Viking Coca-Cola Bottling Company, First Choice Food And Beverages, Viking Beverages or myself.

I also understand that my employment may be conditioned upon a favorable health evaluation, which may include a drug and/or alcohol test and medical examination by a physician selected by Viking Coca-Cola Bottling Company, First Choice Food and Beverages, Viking Beverages to which I hereby consent.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

Applicant's Signature

Date and Time

a.m.
p.m.

Viking Coca-Cola Bottling Company
First Choice Food and Beverage
Viking Beverages
Days and Hours Availability

Please list the days and hours you are available to work below.

****We are looking for employees that are *flexible* with their days and hours.****

Name: _____ **Position:** _____ **Date:** _____

Phone Number: _____

	Available From	Available To		
Monday			Example	
Tuesday			Available From	Available To
Wednesday			9:00 AM	10:00 PM
Thursday			2:00 PM	DONE**
Friday			**Done could mean until 7am the next day.	
Saturday				
Sunday				

How many days do you want to work a week? _____

****If you know that your availability is going to change, it is your responsibility to notify your supervisor so we can get a revised availability form filled out.****

Comments: _____

Signature _____

Date _____

VIKING COCA-COLA BOTTLING COMPANY
FIRST CHOICE FOOD AND BEVERAGE
VIKING BEVERAGES
PRE-SCREENING REQUEST FOR THE WORK OPPORTUNITY CREDIT

Name_____

Date_____

The federal government provides tax credits to employers who hire individuals in target groups. In order for us to determine if you belong to a target group, we are asking you to complete this form. Completion of this form is voluntary; information provided will only be used for purposes of the work opportunity credit. To complete this form, please read through the following list of targeted groups and indicate at the bottom whether any of the groups may apply to you. If any of the groups apply and you are hired for a position at Viking Coca-Cola, you will be asked to complete additional forms for verification.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but not age 40 or older and I am a member of a family that:
 - Received SNAP benefits (food stamps) for the past 6 months, **or**
 - Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
- I am at least age 16 but **not** age 25 or older, **and**:
 - During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- I am a veteran entitled to compensation for a service-connected disability **and**, during the past year, I was:
 - Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- I am a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

☐ Yes, I may qualify for one of the target groups listed above.

☐ No, none of the above target groups apply to me.

Job Applicants Signature_____

Date_____

**Only complete this form if you are applying for a
Driver, Sales, Service or Merchandiser position.**



Viking Beverages

**ACKNOWLEDGEMENT OF EMPLOYER'S RIGHT
AND NEED FOR MVR INFORMATION**

DATE_____

BRANCH_____

The applicant/employee (undersigned) understands the employer must comply with statutory insurance requirements as they pertain to employee driving employer's vehicles and/or use of employee's vehicle on the job. By the signature below, the applicant/employee acknowledges and agrees that employer is entitled to receive/send proof of license(s) and/or motor vehicle reports/records (herein records), from the employee and/or third parties, including insurance carriers and agents.

Employer and applicant/employees understands that use of these records is limited to employer's obligation to comply with statutory insurance requirements and/or with the underwriting process relating to securing insurance coverage. Employer will exercise best efforts to limit use of records as herein specified.

1. Your Full Name: _____
First Middle Last
2. Date of birth _____
mm/dd/yy
3. Driver License State and Number: _____
State Drivers License #
4. Expiration of Drivers License _____
mm/dd/yy

VCC/FC/VB will conduct a Motor Vehicle Record Check prior to employment. This will be used as a pre-qualification condition.

This form authorizes employer to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of my employment.

Applicant/Employee Signature

Date



An Equal Opportunity, Affirmative Action Employer
Applicant Survey Form

Branch _____

Last name

Middle initial(s)

First name

Date

Position(s) for which you are applying

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form. Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. * When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Race/Ethnicity – Select one or more

- ☐ American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American: A person having origins in any of the black racial groups of Africa.
- ☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability - Are you a person with a disability?

- ☐ Yes
- ☐ No

Sex – Select one

- ☐ Female
- ☐ Male

* **This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.