



BOBBEES BOTTLING

Employee Application Form

Personal Information

Last:	First:	M.I.:	Social Security Number:
Address:			
City:	State:	ZIP:	Phone:

Education

High School:	Location:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College:	Location:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major:		
College:	Location:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major:		
Trade/Business/Graduate School:	Location:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major:		

(continued)

Employment Desired

Position(s) applying for:	
1:	2:
Date you can begin:	Salary desired:

Are you currently employed?

Yes No

If yes, may we contact your employer?

Yes No

Employment sought (Part/full-time)

Part Full

Can you, at the time of employment, submit verification of your legal right to work in the United States?

Yes No

Please Answer

Why are you interested in becoming an employee with Bobbees Bottling?

What are your career goals?

Where did you get the information about this position?

(continued)

Employment History (list most recent first)

Company name:	Phone:
Address:	
Last position:	Supervisor:
Responsibilities:	

Company name:	Phone:
Address:	
Last position:	Supervisor:
Responsibilities:	

Company name:	Phone:
Address:	
Last position:	Supervisor:
Responsibilities:	

Company name:	Phone:
Address:	
Last position:	Supervisor:
Responsibilities:	

(continued)

References

List 3 individuals (not related to you) who are familiar with your work-related skills.

Name:	Phone:	Years acquainted:
Company name:		
Company address:		

Name:	Phone:	Years acquainted:
Company name:		
Company address:		

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Company name:		
Company address:		