

APPLICATION FOR EMPLOYMENT

Meridian Coca-Cola Bottling Company – "An Equal Opportunity Employer"
 2016 Highway 45 North
 Meridian, MS 39301

Date: _____

TO THE APPLICANT: We appreciate your interest in our company. The information requested in this form will give us a clear understanding of your qualifications, background, and work history; and will aid us in placing you in a position for which you are best suited. The Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. The Age Discrimination in Employment Act of 1967, as amended, prohibits discrimination because of age. Various state laws prohibit some of the above as well as other type of discrimination. As an Equal Opportunity Employer, Meridian Coca-Cola intends to comply with all applicable employment laws.

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security No.
Street Address			County
City or Town	State	Zip Code	Area Code & Home Phone
Phone where you can be reached if different from home	Area Code & Phone Number	Extension	
Have you ever been known by, or used any other name?		Yes () No ()	What Name?

ADDRESSES AT WHICH YOU HAVE RESIDED FOR THE PREVIOUS 3 YEARS (IF DIFFERENT FROM ABOVE).

Have you ever been convicted of a crime(s) other than a minor traffic violation? (Convictions are not an automatic disqualification)
 Yes () No () Explanatory Details (Drivers see insert.) _____

GENERAL

Position Desired _____ Current Position _____

Wage or Salary Desired _____ Date Available for Work _____

If you are currently employed, may we contact your employer? _____

Have you previously worked for our Company? Yes _____ No _____ If yes, when? _____

Why did you leave? _____

Have you previously applied for employment with us? Yes _____ No _____ If yes, when? _____

Why do you desire a change? _____

List any relatives employed by our Company _____

EDUCATION INFORMATION

School	Name and Address of School	Courses Majored In	Circle Last Year Completed	Degrees Received/Date
Elementary			5 6 7 8	
High School			1 2 3 4	
College			1 2 3 4	
Other			1 2 3 4	

List any academic, trade, civic or social activities, offices held or other related accomplishments. (Exclude those which may indicate race, color, religion, sex, age, or national origin.) _____

EMPLOYMENT ELIGIBILITY STATUS

Are you lawfully eligible to be employed in the United States? Yes _____ No _____ (Proof of employment eligibility is required upon employment.)

Are you over 18 years of age? Yes _____ No _____

APPLICANTS MUST PROVIDE YOUR EMPLOYMENT HISTORY FOR THE PAST 3 YEARS. D. O. T. REGULATIONS REQUIRED DRIVER APPLICANTS FOR COMMERCIAL VEHICLES TO PROVIDE EMPLOYMENT HISTORY FOR AN ADDITIONAL 7 YEARS FOR THOSE EMPLOYERS FOR WHO YOU OPERATED ANY COMMERCIAL VEHICLE. THIS INFORMATION MAY BE USED AND PREVIOUS EMPLOYERS MAY BE CONTACTED FOR THE PURPOSE OF INVESTIGATING YOUR WORK HISTORY. IF MORE SPACE IS NEEDED TO ANSWER, PLEASE ATTACH ADDITIONAL SHEETS.

EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYER

Name of Company		Type of Business	
Address (Street)		(City)	(State)
Employment Dates (Month & Year) From: To:	Supervisor's Name	Title	Phone Number
Position Title	Brief Description of Job		
Starting Salary Per \$ year	Present or Final Salary Per \$ year	Reason for Leaving:	

Name of Company		Type of Business	
Address (Street)		(City)	(State)
Employment Dates (Month & Year) From: To:	Supervisor's Name	Title	Phone Number
Position Title	Brief Description of Job		
Starting Salary Per \$ year	Present or Final Salary Per \$ year	Reason for Leaving:	

Name of Company		Type of Business	
Address (Street)		(City)	(State)
Employment Dates (Month & Year) From: To:	Supervisor's Name	Title	Phone Number
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Starting Salary Per \$ year	Present or Final Salary Per \$ year	Reason for Leaving:	

Name of Company		Type of Business	
Address (Street)		(City)	(State)
Employment Dates (Month & Year) From: To:	Supervisor's Name	Title	Phone Number
Position Title	Brief Description of Job		
Starting Salary Per \$ year	Present or Final Salary Per \$ year	Reason for Leaving:	

Name of Company		Type of Business	
Address (Street)		(City)	(State)
Employment Dates (Month & Year) From: To:	Supervisor's Name	Title	Phone Number
Position Title	Brief Description of Job		
Starting Salary Per \$ year	Present or Final Salary Per \$ year	Reason for Leaving:	

Have you ever been dismissed or asked to resign from a job for misconduct or unsatisfactory performance?

Yes _____ No _____. If yes, explain _____

IF ADDITIONAL SPACE IS NEEDED TO ANSWER, PLEASE ATTACH ADDITIONAL SHEETS.

MILITARY HISTORY

Military Branch				() Air Force	() Army	() Marines	() Other
(Check the applicable box)				() Nat'l Guard	() Navy	() Coast Guard	
Date Entered Active Service		Date Left Active Service		Rank When Leaving			
Month	Year	Month	Year	MOS Title			
/		/					
Describe any special job training received:							

SKILLS

Check those items which you have a working knowledge: switchboard/PBX ____; typing ____ WPM ____; 10-Key adding machine ____ (by touch ____); Word Processing ____; Spreadsheets ____; Data Entry ____; Personal Computer ____; other office equipment (please specify) _____

Maintenance/Electrical/Forklift/Pallet Jack/Security/Commercial Truck Driver – Specify _____

Describe any other special skills, licenses, certifications or other related experiences or aptitudes that you feel may qualify you for a position with our company. _____

REFERENCES

Please list three business, professional, or other related references who can personally attest to your work capabilities (do not include relatives or former employers).

Name	Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

NOTIFICATION

In the event of an emergency, notify the following persons (not your spouse):

Name	Address	Phone Number	Occupation
_____	_____	_____	_____
_____	_____	_____	_____

PRE-EMPLOYMENT DRUG SCREENING/SUBSTANCE ABUSE CONSENT FORM

I hereby give my voluntary consent to collect from me a blood and/or urine sample and to conduct other necessary medical tests to determine the presence or use of alcohol, drugs or controlled substance. Further, I hereby give my consent for the release of the test results, and other medical information to authorized company management for appropriate review. I understand that, if I refuse to consent or a positive result from the test may preclude my employment. I hereby release the Meridian Coca-Cola and any employee, agent physician and/or testing laboratory, its technicians or agents from any and all claims or cause of action as a consequence of my submitting to these tests or the results derived there from.

AGREE TO: _____

Signature

Date

Witness

Date

REFUSED: _____

Signature

Date

Witness

Date

PRE-EMPLOYMENT POLICY

Meridian Coca-Cola Bottling Company will not knowingly employ any job applicant who uses illegal drugs or is a substance abuser. The company's pre-employment drug screen/substance abuse medical examination shall include urinalysis and/or blood tests to determine use of controlled or illegal substances. Any applicant who refuses to consent to these test(s) or who tests positive for the illegal use of drugs or a controlled substance will not be hired.

NOTICE THAT A REFERENCE REPORT MAY BE REQUESTED

We may request an inquiry into your background by a consumer reporting agency which will supply information concerning your previous employment.

It is understood that if my application is considered favorably, any false or misleading statement or information submitted on this application, or otherwise, including any report of medical history which I sign, may result in immediate dismissal without notice. I agree to undergo a pre-employment post-offer physical examination and previous employment investigation at company expense, and realize that my employment is contingent upon my satisfactorily passing such examination and investigation according to the sole and complete satisfaction of Meridian Coca-Cola. Further, I hereby authorize all law enforcement agencies and all present and former employers to furnish any and all information including employment record and job performance, or any other pertinent job-related information in their possession without any liability or exposure to damages whatsoever on account of having furnished such information. I further understand that if employment is offered to me by Meridian Coca-Cola, it will be on an at-will basis and may be terminated at any time by either party with or without cause.

I hereby agree to submit to any lawful drug testing that may be required as a condition of employment and understand that refusal to submit to such testing may result in my not being considered for employment. I also agree to submit to any post-employment physical examination that may be required as a condition of continued employment. If hired, and understand that refusal to submit to any such examinations may result in disciplinary action, up to and including discharge.

Our policy is that everyone is subject to a 6-month Training Period or Probationary.

Our Policy is that applications are active for 90 days only. Applicant must submit a new application after this 90-day period.

I acknowledge my understanding that statements which may be contained in policies, practices, handbooks, and other company material do not create any guarantee of employment. Any promises to the contrary will only be relied upon by me if they are in writing and signed by an authorized company official.

I understand that the company has the right to modify, amend or terminate policies, practices, benefit plans and other company programs within the limits and requirements imposed by law.

SIGNATURE _____ DATE _____

This certifies that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

Applicant's Signature DATE _____