

APPLICATION FOR EMPLOYMENT



Pepsi of Marysville & Manhattan
 MarKan Sales Company
 Five Star Vending



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Last Name	First Name	Middle Name
Address <small>Number</small>	<small>Street</small>	<small>City</small> <small>State</small> <small>Zip</small>
Telephone Number(s)	Date of Birth	Social Security Number

Position(s) Applied For	Date of Hire (Upon Employment)	Date of Application
Driver's License Number	Email Address	

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required Proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
 If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Date Available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time Part Time Temporary
(Please indicate Mornings Afternoon Weekends)
(Please indicate dates available ____/____ - ____/____)

Describe any specialized training, skills (office or labor), equipment operated, professional or business activities

Additional Information – other qualifications

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION				
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

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Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal/Professional References		Do not include family members or past supervisors.		
Name	Phone Number	Best Time to Call	Occupation	
1.				
2.				
3.				

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date