



Bluegrass Beverages

APPLICATION FOR EMPLOYMENT

Bluegrass Beverages, Inc. is an equal opportunity employer. It is our policy that all applicants be considered solely based on qualifications and ability without regard to race, religion, color, sex, age, national origin, disability, or any other protected classification as established by law.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS.

Name (Last, First, Middle)				Date of application
Street address				Years at this address
City	State	Zip	Tel. No. ()	

List prior addresses over past five years in reverse order how long?

1

2

3

4

Are you legally qualified to work in the United States? YES NO
(Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a crime? YES NO If YES, explain:

Names of relatives currently employed by Bluegrass Beverages	Relationship
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Have you ever applied for a position with Bluegrass Beverages before? YES NO If YES, when? _____

Have you ever worked for Bluegrass Beverages before? YES NO If YES, when?

If you are less than 18 years of age, can you provide required proof of your eligibility to work? YES NO

Are you able to work flexible hours? YES NO Overtime? YES NO

Name and location of school	Dates Attended*	Major / Minor(s)	Last year or grade completed	No. of credit hrs completed	Graduated?	Degree & year received
High School	FROM				YES NO	
	TO					
College	FROM				YES NO	
	TO					
College	FROM				YES NO	
	TO					
College	FROM				YES NO	
	TO					
Other	FROM				YES NO	
	TO					

Scholarships, Fellowships, Honors

Additional Courses Or Graduate Studies

WORK EXPERIENCE (Start with present position and work back, using additional pages if necessary)

May we contact your present employer? YES NO

Firm name		Type of business	
Address, City, State, Zip			Phone ()
Supervisor's name & title			Phone ()
Your title or position & responsibilities			
Start Date	End Date	Salary or wage	
Reason for leaving			

Firm name		Type of business	
Address, City, State, Zip			Phone ()
Supervisor's name & title			P Phone ()
Your title or position & responsibilities			
Start Date	End Date	Salary or wage	
Reason for leaving			

Firm name		Type of business	
Address, City, State, Zip			Phone ()
Supervisor's name & title			Phone ()
Your title or position & responsibilities			
Start Date	End Date	Salary or wage	
Reason for leaving			

Account for your time during any intervals of unemployment other than those when you were attending school or in service



ACTIVITIES

Indicate membership, degrees of participation, and offices held in professional organizations or activities.

BUSINESS/PERSONAL REFERENCES

Name & Relationship	Occupation	Address	Phone
			()
			()
			()
			()

ACKNOWLEDGEMENTS

Please read this section carefully

The information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, in my application, other employment documents, or interviews may be sufficient reason for not hiring me and/or dismissal.

I understand and agree that all information furnished in this application may be verified by Bluegrass Beverages or its authorized representative. I waive any right I may have to be notified by any individuals and organizations named in this application prior to the release of any information to Bluegrass Beverages. I further authorize all individuals and organizations named in this application to Bluegrass Beverages all information relative to such verification. I hereby release such individuals, organizations, and Bluegrass Beverages from any and all liability for any claim or damage resulting therefrom.

I understand that Bluegrass Beverages is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment. This application does not bind either party for a specific period of time regarding employment. If hired, nothing in this application shall restrict my right as an employee or Bluegrass Beverages' right as an employer to terminate my employment at any time.

Signature _____

Date _____

DRUG FREE WORKPLACE

I understand that Bluegrass Beverages attempts to achieve a drug-free workforce and to provide a workplace, which is free from the illegal distribution, abuse, possession, and/or use of drugs and controlled substances. All applicants for employment must take and pass a drug test after receiving an initial offer of employment. Any failure to take the test at scheduled times may disqualify the applicant from employment. All applicants' rights to confidentiality and privacy shall be protected in accordance with the law.

Signature _____

Date _____