Coca-Cola
Bottling Co., Yakima & Tri-cities, Inc.

Date Received: _____

Position applying for: _____   Today's date: _____

How did you learn about this job? _____

Employee Referral? If so, whom? _____

Personal Information

Last Name	First Name	Middle Name	Today's Date

Street Address	City	State	Zip Code

Home Phone: (_____)_____-_____

Work Phone: (_____)_____-_____

Other: (_____)_____-_____

Are you a United States Citizen or legally eligible to work in the U. S.? _____Yes _____No
(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)

Are you 18 or over?   ____Yes ____No

Title of Position Applying For	Date Available to Work

Have you been previously interviewed or employed by Coca-Cola Bottling?   ____Yes ____No
If Yes, list date(s) and job title(s):

Do you have any relatives currently working for the Coca-Cola Bottling? ____Yes _____No
If Yes, list names and relationship to you:

Are you employed now?   If so, may we contact your present employer?

Education

Name and Location		# Years Completed	Major Area of Study	Degree/Diploma
High School				
College				
Graduate School				
Technical or Certificate Programs				

Employment History

Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer: May we contact?	Dates Employed: From_____ To_____	Job Title:
Address:		
Telephone: Reason for Leaving:	Job Duties:	

Employer: May we contact?	Dates Employed: From_____ To_____	Job Title:
Address:		
Telephone: Reason for Leaving:	Job Duties:	

Employer: May we contact?	Dates Employed: From_____ To_____	Job Title:
Address:		
Telephone: Reason for Leaving:	Job Duties:	

Veteran Status Information

Veteran? Yes _____ No _____	Branch:	Entry Date:	Discharge:

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.

_____
_____
_____
_____
_____
_____

Please list any special awards, certifications, honors, scholarships, or offices held.

_____
_____
_____
_____
_____
_____

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Please indicate which of the following valid driver's licenses you hold:

Standard License_____   Class A _____   Class B _____Class C _____

Driver's License Number: _____   State Issued:_____

An Equal Opportunity Employer

Applicant Survey Form Branch_____

Last name_____ First name_____ Middle initial(s)_____

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 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.

<u>Race/Ethnicity – Select one or more</u>

☐ 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.

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Coca-Cola Bottling is an Equal Opportunity Employer. It is the policy of Coca-Cola Bottling not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

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_____   _____
          Signature of Applicant   Date

_____
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 Coca-Cola Bottling Company, 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 Coca-Cola Bottling Company 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 Coca-Cola Bottling Company has guaranteed me a position by accepting this application. If hired, my employment relationship with Coca-Cola Bottling Company, is terminable at-will, with or without cause, by Coca-Cola Bottling Company 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 Coca-Cola Bottling Company to which I hereby consent.

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

This certifies that this application was completed by me; I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal.

_____   _____
Signature   Date

_____   _____
Print Name   Address