

# 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 Number      | Street        | City State Zip         |
| 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 (Required) | Email Address                  |                     |

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

Have you been convicted of a felony?  Yes  No  
(Employer is engaged in government contracts that state convicted felons are not allowed on premise)

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**

|  |
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|  |
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|  |

**Additional Information – other qualifications**

|  |
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|  |
|  |

| 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 |

|                            |                    |       |  |
|----------------------------|--------------------|-------|--|
| 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 |

| 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