

Daytona Beverages Application for Employment

An Equal Opportunity Employer & Florida Drug-Free

(Application valid for 90 days)

Send to: Daytona Beverages, 2275 Mason Avenue, Daytona Beach, FL 32117 or by fax to 386-274-4009

Date of Application: _____ Position Applied For (check one):
 Sales/Merchandising
 Delivery (requires class-A CDL license)
 Administration/Mgt.
 Warehouse - Are you Forklift Certified? Yes No

Date Available to Start: _____

Are there any hours, shifts, or days you cannot work? Yes No If Yes, explain? _____

Please Print:

Legal Last Name Legal First Name Legal M.I. Preferred Name

Street Address City State Zip

E-mail Address Home Phone Number Mobile Phone Number

Drivers License Number: _____ State: _____ Expiration Date: _____ Class (circle one): A B C D E

Are you a U.S. Citizen? Yes No If no, do you have a legal right to work in the United States? Yes No

Have you ever been convicted of, or pleaded guilty or no contest to, a felony? Yes No If Yes, charge? _____

Did a current employee or an employment agency refer you? Yes No If Yes, who? _____

Education (circle highest grade completed): Grade: 9 10 11 12 College (yrs): 1 2 3 4 Graduated? Yes No GED? Yes No

Last School Attended: _____ City: _____ State: _____

U.S. Military Service: _____ Reserves? Yes No
Branch of Service Type of Discharge Date

Employment History (Starting with your most recent)

All driver applicants must give complete mailing address, street number, city, state and zip code for preceding 3 years of employment. An additional 7 years' information must be provided for those positions in which you operated a commercial vehicle. Incomplete applications will not be reviewed.

Employer: _____ Date of Employment (MM/YY) From: ____/____/____ To: ____/____/____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Supervisor: _____ Phone Number: _____ May we contact employer? Yes No
Reason for Leaving: _____

Employer: _____ Date of Employment (MM/YY) From: ____/____/____ To: ____/____/____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Supervisor: _____ Phone Number: _____ May we contact employer? Yes No
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 City: _____ State: _____ Zip: _____ Salary/Wage: _____
 Supervisor: _____ Phone Number: _____ May we contact employer? Yes No
 Reason for Leaving: _____

List Traffic Accidents for the past 3 years

Date	Nature of Accident (rear-end, backing, etc.)	Fatalities		Injuries		Charge	Penalty
		Yes	No	Yes	No		
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Moving Violations for the past 3 years

Date	Nature of Violation\Charge (speeding, etc.)	Penalty
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No If yes, why? _____
 Has any license, permit or privilege ever been suspended or revoked? Yes No If yes, why? _____

Special Skills

Driving Straight Truck (years) _____ Driving Tractor/Trailer (years) _____ Forklift Operation (years) _____
 Computer Skills (Equipment or Software): _____
 Other Relevant Skills (Explain): _____

To Be Read and Signed by Applicant – Please Read Carefully

I UNDERSTAND THAT THE APPLICATION I HAVE SUBMITTED WILL BE GIVEN EVERY CONSIDERATION, BUT THAT IT’S RECEIPT DOES NOT IMPLY THAT I WILL BE EMPLOYED.

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, general reputation, educational background, previous employment, credit record, driving record, and criminal history. By signing this application, I give authorization to any and all investigations listed, as well as any additional investigations that may provide relevant employment information.

I understand that Daytona Beverages reserves the right to require a drug screening test of an applicant prior to employment and require random drug and/or alcohol screening tests at any time during employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. Furthermore, I understand that I am required to abide by all policies and procedures of Daytona Beverages.

I understand and agree that if employed, the employment will be “at will”. That is, either Daytona Beverages or I may end the employment relationship at any time, for any reason, or for no reason. Furthermore, I understand that this application is not an employment contract for any specific term or position.

By signing this application, I hereby certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant’s Signature: _____ Date Signed: _____