

ROMER BEVERAGE COMPANY

ATTENTION: IF A QUESTION DOES NOT APPLY TO YOU, MARK THAT QUESTION NOT APPLICABLE (N/A)
FAILURE TO ANSWER EVERY QUESTION MAY CAUSE YOUR APPLICATION TO BE REJECTED

Application for Employment

ROMER BEVERAGE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NONDISCRIMINATION IN EMPLOYMENT UPON ANY BASIS, INCLUDING RACE, COLOR, CREED, RELIGION, AGE, SEX, NATIONAL ORIGIN, ANCESTRY, SEXUAL ORIENTATION, MARITAL STATUS, MILITARY STATUS OR THE PRESENCE OF ANY PHYSICAL OR MENTAL MEDICAL CONDITION OR DISABILITY. IN READING OR ANSWERING THE FOLLOWING QUESTIONS, PLEASE KEEP IN MIND THAT NONE OF THE QUESTIONS ARE INTENDED TO IMPLY ANY LIMITATIONS, ILLEGAL PREFERENCES, OR DISCRIMINATION BASED UPON ANY NON-JOB-RELATED INFORMATION. THIS APPLICATION WILL BE GIVEN COMPLETE CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

NAME _____ SOC. SEC. NO. _____ PHONE _____
LAST FIRST MIDDLE

LIST ANY OTHER NAME BY WHICH YOU HAVE BEEN KNOWN WHICH WILL HELP US TO VERIFY YOUR EDUCATION AND WORK RECORDS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION(S) APPLIED FOR _____ SALARY EXPECTED _____ WILL YOU ACCEPT NIGHT OR SHIFT WORK? YES NO

How were you referred to our company? _____

Have you previously filed an application with this company? YES If so NO when? _____ Have you previously been employed by this company? YES NO When? _____

Have you ever been convicted of a criminal offense? YES NO If so, describe in full? _____ Are you authorized to work in the United States? YES NO

ADDITIONAL INFORMATION: (use this space for any additional information)

EDUCATION

SCHOOL	NAME	CITY AND STATE	YRS COMPLETED	GRADUATE?	DEGREE RECEIVED
HIGH SCHOOL			1 2 3 4		
COLLEGE OR UNIVERSITY			1 2 3 4		
GRADUATE SCHOOL			1 2 3 4		
TRADE, MILITARY OR OTHER			1 2 3 4		

Have you served in the U.S. Armed Forces? Yes No If yes, what branch? _____ Dates of service: _____ to _____

RECORD OF EMPLOYMENT HISTORY (LAST EMPLOYER FIRST)									
ATTACH DETAILED EXPLANATION IF NECESSARY TO OUTLINE ANY SPECIAL EXPERIENCE OBTAINED IN ANY OF THESE POSITIONS									
DATES (MO/YR)		FORMER EMPLOYERS		MAY WE	POSITION HELD	SUPERVISOR	RATE OF PAY	REASON FOR LEAVING	
FROM	TO	NAME	ADDRESS	CONTACT?					
				<input type="checkbox"/> YES					
				<input type="checkbox"/> NO					
				<input type="checkbox"/> YES					
				<input type="checkbox"/> NO					
				<input type="checkbox"/> YES					
				<input type="checkbox"/> NO					
				<input type="checkbox"/> YES					
				<input type="checkbox"/> NO					
				<input type="checkbox"/> YES					
				<input type="checkbox"/> NO					

I UNDERSTAND THAT ANY UNANSWERED QUESTIONS ON THIS APPLICATION MAY CAUSE THIS APPLICATION TO BE REJECTED.

I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS ON THIS APPLICATION MAY RESULT IN MY DISMISSAL.

I AGREE TO ABIDE BY ALL THE RULES OF THE COMPANY AND WILL OBEY THE ORDERS AND INSTRUCTIONS OF MY SUPERVISORS. I WILL USE AND WEAR ALL SAFETY APPLIANCES FURNISHED ME BY THE COMPANY AND WILL BE CAREFUL IN MY WORK AND NOT EXPOSE MYSELF OR FELLOW WORKERS TO UNNECESSARY DANGERS.

I ALSO AGREE THAT ALL FORMER EMPLOYERS OR ANY OTHER PERSONS, MAY FURNISH ROMER BEVERAGE COMPANY (THE COMPANY) WITH ALL INFORMATION REGARDING THEIR RECORD OF MY SERVICE, CHARACTER AND REASON FOR LEAVING. I HEREBY RELEASE SUCH FORMER EMPLOYERS AND PERSONS FROM ALL LIABILITY FOR PROVIDING SUCH INFORMATION.

I HEREBY ACKNOWLEDGE AND AGREE THAT IN THE EVENT I AM EMPLOYED BY THE COMPANY, MY EMPLOYMENT WITH THE COMPANY IS AND SHALL BE SOLELY ON AN "AT-WILL" BASIS. THIS MEANS THAT THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED AT ANY TIME BY EITHER ME, UPON GIVING PROPER NOTICE, OR THE COMPANY FOR ANY REASON NOT EXPRESSLY PROHIBITED BY LAW, OR NO REASON. I FURTHER ACKNOWLEDGE AND AGREE THAT ANY ORAL OR WRITTEN REPRESENTATIONS BY ANY EMPLOYEE OF THE COMPANY, WHICH ARE OR MAY BE CONSTRUED AS CONTRARY, THIS "AT-WILL" RELATIONSHIP IS INVALID AND OF NO LEGAL EFFECT.

PRE-EMPLOYMENT CONSENT AND RELEASE

THE UNDERSIGNED APPLICANT HEREBY AUTHORIZES THE COMPANY TO CONDUCT THROUGH ITS DESIGNATED PHYSICIAN, MEDICAL FACILITY OR LABORATORY TESTING FACILITY A DRUG SCREENING TEST AS A REQUIREMENT OF EMPLOYMENT.

IN APPLYING FOR EMPLOYMENT, I UNDERSTAND THAT A URINE DRUG SCREENING TEST WILL BE ADMINISTERED AS PART OF THE PRE-EMPLOYMENT PROCESS TO DETERMINE THE PRESENCE OF CERTAIN DRUGS AND SUBSTANCES PROHIBITED BY COMPANY POLICY, SUCH AS, ILLEGAL DRUGS, CONTROLLED SUBSTANCES, MARIJUANA, MOOD OR MIND ALTERING SUBSTANCES, "LOOK ALIKE" SUBSTANCES, DESIGNER AND SYNTHETIC DRUGS, CERTAIN INHALANTS AND UNAUTHORIZED PRESCRIPTION DRUGS. I FURTHER UNDERSTAND THAT THE PRESENCE OF ANY OF THESE DRUGS OR SUBSTANCES WILL CAUSE MY REJECTION FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND THAT I MAY NOT REAPPLY FOR ANY POSITION AT ROMER BEVERAGE COMPANY FOR A PERIOD OF NOT LESS THAN SIX MONTHS.

I AGREE THAT TEST RESULTS PROVIDED BY THE COMPANY APPROVED PHYSICIANS OR TESTING LABORATORIES SHALL BE CONCLUSIVE AND FINAL, AND THAT TEST RESULTS PROVIDED BY PHYSICIANS OR TESTING LABORATORIES NOT APPROVED BY THE COMPANY WILL NOT BE ACCEPTED OR CONSIDERED VALID.

I UNDERSTAND THAT REFUSAL TO SUBMIT TO THE DRUG SCREENING TEST WILL CONSTITUTE VOLUNTARY WITHDRAWAL OF MY APPLICATION FOR EMPLOYMENT.

I FULLY UNDERSTAND THAT SHOULD I BE CONDITIONALLY PUT TO WORK BY THE COMPANY PRIOR TO THE RESULTS OF THE DRUG-SCREENING TEST BEING KNOWN, MY CONTINUED EMPLOYMENT WITH THE COMPANY IS CONDITIONAL UPON PASSING THE URINE DRUG SCREENING TEST. IF I SHOULD TEST POSITIVE ON THE URINE DRUG SCREEN, INDICATING THE PRESENCE OF A PROHIBITED DRUG OR SUBSTANCE, I FURTHER UNDERSTAND I WILL BE TERMINATED IMMEDIATELY.

I AUTHORIZE THE RESULTS OF THIS URINE DRUG SCREEN TEST TO BE GIVEN TO THE COMPANY OR ANY OF ITS AGENTS.

I RELEASE AND HOLD THE COMPANY DESIGNATED PHYSICIAN, TESTING LABORATORY AND MEDICAL FACILITY HARMLESS FOR RELEASE OF THIS INFORMATION. I ALSO RELEASE AND HOLD HARMLESS COMPANY, ITS DIRECTORS, OFFICERS, STOCKHOLDERS AND EMPLOYEES FOR THE USE OF THIS INFORMATION FOR EMPLOYMENT PURPOSES.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604(B)(2)(A) OF THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, AS AMENDED BY CONSUMER CREDIT REPORTING ACT OF 1996 (TITLE II, SUBTITLE D, CHAPTER I, OF PUBLIC LAW 104-208), YOU ARE BEING INFORMED THAT REPORTS VERIFYING YOUR PREVIOUS EMPLOYMENT, PREVIOUS DRUG AND ALCOHOL TEST RESULTS, AND YOUR DRIVING RECORD MAY BE OBTAINED ON YOU FOR EMPLOYMENT PURPOSES. THESE REPORTS ARE REQUIRED BY SECTIONS 382.413, 391.23, AND 391.25 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

IN ADDITION, I GIVE PERMISSION FOR THE COMPANY TO OBTAIN A COPY OF MY DEPARTMENT OF MOTOR VEHICLES DRIVING RECORD.

SIGNATURE OF APPLICANT _____

DATE _____