



**HEAVENLY BEVERAGES  
JOB APPLICATION FORM**

*www.theheavenlybeverages.com - email: hireme@theheavenlybeverages.com*

**Heavenly Beverages** is an equal opportunity employer. *Qualify applicants are considered for all positions. **PLEASE PRINT OR TYPE.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume"). If you don't have the information requested in the form you can use N/A as an option.*

DATE OF APPLICATION:		
LAST NAME:	FIRST NAME:	D.O.B.
STREET ADDRESS:		CITY, STATE & ZIP:
EMAIL:	HOME PHONE:	MOBILE:

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <i>IF HIRED, YOU WILL BE REQUIRED TO SUBMIT PROOF OF IDENTITY TO WORK IN THE UNITED STATES AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.</i>	YES	NO
HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN MINOR TRAFFIC VIOLATIONS? <i>(NOTE: A CONVICTION WILL NOT NECESSARILY BARE YOU FROM EMPLOYMENT, EACH CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, POSITION, CIRCUMSTANCE AND SERIOUSNESS.)</i>	YES	NO
ARE YOU CURRENTLY EMPLOYED? IF YES, WHAT IS YOUR CURRENT JOB AND POSITION.	YES	NO
ARE YOU RELATED TO ANY CURRENT EMPLOYEE? IF YES, THEIR NAME & THEIR RELATIONSHIP TO YOU.	YES	NO
IF REQUIRED FOR POSITION, DO YOU HAVE A VALID DRIVER'S LICENSE? IF YES, STATE OF ISSUANCE, LICENSE #, AND EXP. DATE.	YES	NO

SALARY DESIRED	_____	hr / yr
I'M AVAILABLE TO WORK	PART-TIME	FULL TIME
DATE AVAILABLE TO START:	_____	

**EDUCATION/TRAINING HISTORY** (LIST COLLEGES, MILITARY, TRADE, BUSINESS OR OTHER SCHOOLS ATTENDED)

NAME/LOCATION OF SCHOOL	COURSE OF STUDY	GRADUATED YES/NO	TYPE OF DEGREE/CERTIFICATE

**EMPLOYMENT VERIFICATION (LIST YOUR LAST THREE EMPLOYERS FOR EMPLOYMENT VERIFICATION PURPOSES)**

1	<b>CURRENT/LAST EMPLOYER'S NAME, ADDRESS &amp; PHONE NUMBER:</b>		
	SUPERVISOR'S NAME/PHONE NUMBER:		YOUR JOB TITLE:
	EMPLOYED	FROM: _____ SALARY: _____ TO: _____	REASON FOR LEAVING:
2	<b>PRIOR EMPLOYER'S NAME, ADDRESS &amp; PHONE NUMBER:</b>		
	SUPERVISOR'S NAME/PHONE NUMBER:		YOUR JOB TITLE:
	EMPLOYED	FROM: _____ SALARY: _____ TO: _____	REASON FOR LEAVING:
3	<b>PRIOR EMPLOYER'S NAME, ADDRESS &amp; PHONE NUMBER:</b>		
	SUPERVISOR'S NAME/PHONE NUMBER:		YOUR JOB TITLE:
	EMPLOYED	FROM: _____ SALARY: _____ TO: _____	REASON FOR LEAVING:

**REFERENCES**

NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents ground for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize HEAVENLY BEVERAGES To investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of HEAVENLY BEVERAGES stores serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the HEAVENLY BEVERAGES stores Retirement Systems or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or

APPLICANT SIGNATURE:	DATE: