

# Application for Employment



**Paradise Beverages, Inc.**

**INSTRUCTIONS:** Please **complete** all portions of this employment application to be considered for employment. If you require accommodation during the employment application process, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by state and federal laws. **This employment application is valid only for the desired position.**

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PERSONAL INFORMATION

NAME (Last, First, Middle Initial)			Social Security Number	
PRESENT ADDRESS			Apt. #	City
			State	Zip
Do you meet the minimum age requirement set by law for the desired position? <input type="checkbox"/> YES <input type="checkbox"/> NO  Note: Applicants under 18 years of age will be required to submit a work permit.		Telephone: Home# _____  Pager# _____  Cell# _____		Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO  Note: If offered employment you will be required to submit documentation required by IRCA

## DESIRED EMPLOYMENT

DESIRED POSITION	Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal			Salary Requirement \$ _____ per hr / mo / year
Date Available to Start	Are you currently employed? If yes, may we contact your present employer?			
Have you <b>applied</b> for employment at Paradise Beverages, Inc. before?	When:	Position		
	Where:			
Have you <b>worked</b> for Paradise Beverages, Inc. before?	When:	Position		
	Where:			
How were you referred to Paradise Beverages, Inc.? <input type="checkbox"/> Relative _____ <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Friend _____ <input type="checkbox"/> State Employ. Agency <input type="checkbox"/> College Placement _____ <input type="checkbox"/> Walk In <input type="checkbox"/> Other _____				

**Note:** If hired, you will be required to perform all work as required by the Company.

### Applicants for SALES or MERCHANDISER Positions Only:

Do you have a valid Drivers' License?	Do you own a car? Make, Model & Year of your vehicle:	Name of Auto Insurance Company: _____ Amount of coverage: <b>Bodily Injury</b> \$ _____ <b>Property Damage</b> \$ _____
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## EDUCATION

School Level	Name & Location of School	# Of Years Attended	Did You Graduate?	Course of Study
High School				
College				
Other				

## JOB SKILLS and QUALIFICATIONS

Summarize your **JOB SKILLS, TRAINING, LICENSE** and/or **CERTIFICATES** that are relevant to the position for which you are applying.

## FORMER EMPLOYERS

List below your last FOUR (4) employers, starting with the most recent. For each employer, you **MUST ANSWER ALL QUESTIONS.** Use additional paper if necessary.

<b>Name of Current or Previous Employer</b>		<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Start Date:</b>	<b>Telephone Number(s)</b>	<b>Starting Salary:</b> \$ /hr / mo /yr		<b>Name &amp; Title of Immediate Supervisor:</b>	
<b>Date Last Worked:</b>		<b>Ending Salary:</b> \$ /hr / mo /yr			
<b>Job Title:</b>	<b>Describe Your Job Duties &amp; Responsibilities:</b>		<b>Reason (s) for Leaving:</b>		

<b>Name of Previous Employer</b>		<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Start Date:</b>	<b>Telephone Number(s)</b>	<b>Starting Salary:</b> \$ /hr / mo /yr		<b>Name &amp; Title of Immediate Supervisor:</b>	
<b>Date Last Worked:</b>		<b>Ending Salary:</b> \$ /hr / mo /yr			
<b>Job Title:</b>	<b>Describe Your Job Duties &amp; Responsibilities:</b>		<b>Reason (s) for Leaving:</b>		

<b>Name of Previous Employer</b>		<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Start Date:</b>	<b>Telephone Number(s)</b>	<b>Starting Salary:</b> \$ /hr / mo /yr		<b>Name &amp; Title of Immediate Supervisor:</b>	
<b>Date Last Worked:</b>		<b>Ending Salary:</b> \$ /hr / mo /yr			
<b>Job Title:</b>	<b>Describe Your Job Duties &amp; Responsibilities:</b>		<b>Reason (s) for Leaving:</b>		

<b>Name of Previous Employer</b>		<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Date Last Worked:</b>		<b>Ending Salary:</b> \$ /hr / mo /yr			
<b>Job Title:</b>	<b>Describe Your Job Duties &amp; Responsibilities:</b>		<b>Reason (s) for Leaving:</b>		

**REFERENCES**

Give the names of three (3) persons, whom you are not related to, as a reference.

<b>NAME</b>	<b>ADDRESS</b>	<b># Of years known</b>	<b>Phone number</b>

# CERTIFICATION

Please read carefully before signing

- A. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. If employed, I agree to conform to the guidelines and policies of the Company. I understand that my employment is **AT-WILL** and can be terminated at any time and for any reason with or without advance notice.
- C. I understand and agree that this application does not constitute an agreement or contract for employment and that only the President of the Company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon anything else.
- D. I understand and agree that the Company may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability, which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by the Company, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. Further, if hired, I understand that I may be subject to random drug and alcohol testing and that I will provide full cooperation.

I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. The Company will pay the cost of such examination. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.

- F. The Company may inquire into and consider any criminal conviction record that you may have, after it makes a conditional offer of employment to you. The Company may withdraw a conditional employment offer you have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which you are applying. Any criminal conviction record that is more than ten (10) years old or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the Company.
- H. **I understand that this application is valid ONLY for the Desired Position indicated; if the position is filled and still wish to be considered for employment, it will be necessary to fill out a new application.**
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if the Company employs me.

Authorization/Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Reviewed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

EEO Officer

Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Position \_\_\_\_\_ Dept. \_\_\_\_\_

Hrly Rate/Salary\$ \_\_\_\_\_ per \_\_\_\_\_ Supervisor/Manager \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

EEO Officer



**Paradise Beverages, Inc.**

94-1450 MOANIANI STREET, WAIPAHU, HAWAII, 96797

PH: (808) 678-4000 – E-MAIL: [CAREERS@PARBEV.COM](mailto:CAREERS@PARBEV.COM) – WEB: PARADISEBEVERAGES.COM - FAX: (808) 678-4066

# APPLICATION FOR EMPLOYMENT

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**POSITION**

**Equal Opportunity Employer**