



# Job Application

Norwich Beverage Corporation  
4848 State Highway 23  
Norwich, NY 13815  
(607)334-2601

Norwich Beverage is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Today's Date: \_\_\_\_\_

## **Applicant Information**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## **Employment Position**

Position(s) applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Are you available to work? Part time \_\_\_\_\_ Full time \_\_\_\_\_

Do you have reliable transportation to and from work? Yes No

Do you have friends, relatives, or acquaintances working for Norwich Beverage Corporation? Yes No

If so, please list names & relationship \_\_\_\_\_

Are you a U.S. Citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status? \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

\_\_\_\_\_  
\_\_\_\_\_

## **Driving Record**

Driver's license number \_\_\_\_\_

State: \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have a CDL license? \_\_\_\_\_ If so, type: \_\_\_\_\_

Number of accidents in the past 3 years? \_\_\_\_\_

Number of Moving Violations in the past 3 years? \_\_\_\_\_

**\*\*\*PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE, DRIVING ABSTRACT (OBTAINED FROM DMV) AND MEDICAL CARD\*\*\***

## **Job skills/qualifications**

Please list below the skills and qualifications you possess for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: Norwich Beverage Corp complies with the ADA and considers reasonable accommodations measures that may be necessary for eligible applicants/employees to perform essential functions).

## **Education and Training**

### **High School**

Name	Location (City, State)	Year Graduated	Degree Earned

### **College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

### **Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

### **Military**

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

Are you a member of the Reserves/National Guard? \_\_\_\_\_

### **Previous Employment**

Employer Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Date Employed: Start: \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Date Employed: Start: \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Date Employed: Start: \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Date Employed: Start: \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### **References**

Please provide 3 personal and professional references below:

Name	Place of Employment/Title	# of years you've known them	Contact Information

### **Emergency Contact Information**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### **Applicant Statement**

I certify that all information provided is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this point should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that unless otherwise defined by applicable law any employment relationship with this organization is of an "at will" nature which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, that false or misleading 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 Norwich Beverage Corp.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_