



Pepsi-Cola Bottling Co. of Kalispell

Phone (406) 755.5060 • Fax (406) 755.5010

100 Kelly Rd. Kalispell, MT 59901

An Equal Opportunity Employer

Please help us learn about your work history and accomplishments by thoroughly completing this application for employment. Since a resume is not a legal document, do not write see resume on this application.

PERSONAL INFORMATION

Print Name _____

(LEGAL NAME: As seen on your Drivers License)

Preferred Name (if different) _____

(EXAMPLE: Joe for Joeseeph)

Drivers License YES NO

Drivers License Class D Class B Class A

Email Address _____

Cell Phone _____ Work Phone _____ May we contact you at work? YES NO

Are you authorized to work in the U.S.? _____ If you are authorized to work in the U.S. through a work visa or permit, please describe the type of visa or permit. _____

Position / Title Desired _____

Schedule Desired: Full-Time Day Full-Time Evening Part-Time Day Part-Time Evening Weekend Alt Staff

If any, indicate days or hours you are NOT available _____

Are you currently employed? _____ If not, are you subject to recall? _____

Have you ever worked here before? _____ If yes, when? _____

A conviction will NOT necessarily disqualify you from employment consideration. Factors such as the date of the conviction, nature of the offense and rehabilitation efforts will be evaluated.

Have you been convicted of a misdemeanor in the last 7 years, or have you ever been convicted of a felony? Yes No

If yes please explain in full. Include: County, State, Date, and Type of Crime for which you were convicted. Do NOT include minor traffic offenses. A DUI is NOT a minor traffic offense.

How were you referred to Pepsi-Cola Bottling Co. of Kalispell?

Friend Relative Advertisement Employment Agency Other _____
(Please specify by providing: Referral Name or Source)

Do you have any relative(s) currently employed by Our Company? Yes No

If yes, please name: _____
First & Last Name Relationship

In case of an emergency, notify: _____
First & Last Name Telephone Relationship

EDUCATION

School Level	Name and Location of School	Currently Enrolled Yes / No	Major / Degree	Degree Information
High School	_____	_____	_____	Diploma Received _____ Date Received _____
City & State	_____	_____	_____	Date Anticipated _____
Name while attending _____				
College	_____	_____	_____	Diploma Received _____ Date Received _____
City & State	_____	_____	_____	Date Anticipated _____
Name while attending _____				
Grad School	_____	_____	_____	Diploma Received _____ Date Received _____
City & State	_____	_____	_____	Date Anticipated _____
Name while attending _____				
Trade. Bus. School, Other	_____	_____	_____	Diploma Received _____ Date Received _____
City & State	_____	_____	_____	Date Anticipated _____
Name while attending _____				

Please explain why you want to work for Pepsi-Cola Bottling Co. of Kalispell. And, list / summarize any special skills and qualifications acquired from employment or other experience.

PROFESSIONAL REFERENCES (3 References - DO NOT LIST personal references such as friends or relatives.)

Name and Address (or City & State)	Current Telephone Numbers	Company Name, and Working Relationship	Years Known
_____ (First & Last Name) _____ (City) (State)	_____ (Home or Mobile Phone) _____ (Work Phone)	_____ (Company Name) _____ (Working / Business Relationship)	_____ Years Known
_____ (First & Last Name) _____ (City) (State)	_____ (Home or Mobile Phone) _____ (Work Phone)	_____ (Company Name) _____ (Working / Business Relationship)	_____ Years Known
_____ (First & Last Name) _____ (City) (State)	_____ (Home or Mobile Phone) _____ (Work Phone)	_____ (Company Name) _____ (Working / Business Relationship)	_____ Years Known

EMPLOYMENT EXPERIENCE (Complete thoroughly - Start with the most recent - Include 7 or more years - All information subject to verification.)

NAME & INFORMATION OF PREVIOUS EMPLOYER

_____ (FULL Business Name - NO ACRONYMS PLEASE)

ADDRESS: _____

(Street Address - City - State)

PHONE: _____

(Include Area Code)

Manager's Name (First & Last): _____

+ Mgr. Title: _____

May we contact this employer/manager? YES NO Answering NO is not acceptable unless you are currently employed here. And, and if you answer NO, we reserve the right to contact if an offer of employment is extended and accepted.

If NO, please explain: _____

Your Job Title _____

___ Part-Time

___ Full-Time

___ Seasonal

Start Date ____ / ____ / ____
MONTH YEAR

End Date ____ / ____ / ____
MONTH YEAR

Starting Salary ____ / ____ / ____
\$ HR-WK-MO-YR

Ending Salary ____ / ____ / ____
\$ HR-WK-MO-YR

Description of duties / responsibilities _____

Reason for leaving _____

NAME & INFORMATION OF PREVIOUS EMPLOYER

_____ (FULL Business Name - NO ACRONYMS PLEASE)

ADDRESS: _____

(Street Address - City - State)

PHONE: _____

(Include Area Code)

Manager's Name (First & Last): _____

+ Mgr. Title: _____

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Your Job Title _____

___ Part-Time

___ Full-Time

___ Seasonal

Start Date ____ / ____ / ____
MONTH YEAR

End Date ____ / ____ / ____
MONTH YEAR

Starting Salary ____ / ____ / ____
\$ HR-WK-MO-YR

Ending Salary ____ / ____ / ____
\$ HR-WK-MO-YR

Description of duties / responsibilities _____

Reason for leaving _____

EMPLOYMENT EXPERIENCE (Continued)

NAME & INFORMATION OF PREVIOUS EMPLOYER _____

(FULL Business Name – NO ACRONYMS PLEASE)

ADDRESS: _____
(Street Address – City – State)

PHONE: _____
(Include Area Code)

Manager's Name (First & Last): _____ + Mgr. Title: _____

May we contact this employer/manager? YES NO Answering NO is not acceptable unless you are currently employed here. And, and if you answer NO, we reserve the right to contact if an offer of employment is extended and accepted.

If NO, please explain: _____

Your Job Title _____ Part-Time ___ Full-Time ___ Seasonal

Start Date ____/____/____ End Date ____/____/____ Starting Salary ____/____/____ Ending Salary ____/____/____
MONTH YEAR MONTH YEAR \$ HR-WK-MO-YR \$ HR-WK-MO-YR

Description of duties / responsibilities _____

Reason for leaving _____

NAME & INFORMATION OF PREVIOUS EMPLOYER _____

(FULL Business Name – NO ACRONYMS PLEASE)

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(Street Address – City – State)

PHONE: _____
(Include Area Code)

Manager's Name (First & Last): _____ + Mgr. Title: _____

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Start Date ____/____/____ End Date ____/____/____ Starting Salary ____/____/____ Ending Salary ____/____/____
MONTH YEAR MONTH YEAR \$ HR-WK-MO-YR \$ HR-WK-MO-YR

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PHONE: _____
(Include Area Code)

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Start Date ____/____/____ End Date ____/____/____ Starting Salary ____/____/____ Ending Salary ____/____/____
MONTH YEAR MONTH YEAR \$ HR-WK-MO-YR \$ HR-WK-MO-YR

Description of duties / responsibilities _____

Reason for leaving _____

It is the policy of Pepsi-Cola Bottling Co. of Kalispell to employ personnel strictly on the basis of an individual's qualifications. Selections are made without regard to race, color, religion, sex, ancestry, age, disability, national origin, or sexual orientation.

By my signature below, I hereby authorize the release of records for a consumer report and/or investigative report(s) about me to be considered for employment, and if employed by Pepsi-Cola Bottling Co. of Kalispell I also authorize the release of records to maintain my employment status and/or for future promotional consideration. This permits current/previous employers, educational institutions, city/county/state/federal courts, and All State Department of Revenue/Motor Vehicle Division, pursuant to the Driver's Privacy Protection Act (18 USC 2721) to release information about me to **PBI, Inc.** (a consumer reporting agency) as an agent for said perspective employer, Pepsi-Cola Bottling Co. of Kalispell. It is understood that failure on my part to provide information requested on this application or misrepresentation of any kind, shall be cause for denial of employment, or dismissal. Also, I release all parties from all liability for any damage that may result from furnishing such information.

The Drug and Alcohol Abuse policy of Pepsi-Cola Bottling Co. of Kalispell provides that employment offers may be contingent on passing a drug screening test to the satisfaction of Pepsi-Cola Bottling Co. of Kalispell. An employment offer will not be extended to a candidate who refuses to submit to a pre-employment drug test within 24 hours, or who fails to pass the drug test to Pepsi-Cola Bottling Co. of Kalispell's sole satisfaction.

AUTHORIZATION: I certify that I have read and understand this application; that the facts I have given in this application are true and complete, and that if employed, falsified statements on this application shall be grounds for dismissal.

Signature _____

Print Full Legal Name _____

Date _____



Pepsi-Cola Bottling Co. of Kalispell

Thank You!