

# APPLICATION FOR EMPLOYMENT

Company Minges Bottling Group, Inc  
 Address Po Box 520  
 City 128 Pepsi Way Zip \_\_\_\_\_  
Ayden, NC 28513 (so print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_  
 Street City  
 State Zip Phone \_\_\_\_\_

ADDRESS FOR PAST THREE YEARS	Street	City	State & Zip Code	How Long?
	Street	City	State & Zip Code	How Long?

Do you have the legal right to work in the United States? \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ If no, can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
 (Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. \_\_\_\_\_

## EMPLOYMENT HISTORY

Provide employment information for the past 3 years. Attach a sheet if more space is needed.

EMPLOYER			DATES		POSITION HELD
NAME			FROM		REASON FOR LEAVING
ADDRESS			MO.	YR.	
CITY		STATE	TO		
PHONE NUMBER			MO.	YR.	

EMPLOYER			DATES		POSITION HELD
NAME			FROM		REASON FOR LEAVING
ADDRESS			MO.	YR.	
CITY		STATE	TO		
PHONE NUMBER			MO.	YR.	

EMPLOYER			DATES		POSITION HELD
NAME			FROM		REASON FOR LEAVING
ADDRESS			MO.	YR.	
CITY		STATE	TO		
PHONE NUMBER			MO.	YR.	

EMPLOYER			DATES		POSITION HELD
NAME			FROM		REASON FOR LEAVING
ADDRESS			MO.	YR.	
CITY		STATE	TO		
PHONE NUMBER			MO.	YR.	

### MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_\_ BRANCH \_\_\_\_\_

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 1 2 3 4      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_ (NAME) \_\_\_\_\_ (CITY)

### EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?      YES \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked?      YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS - PLATFORM**

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH \_\_\_\_\_

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC) \_\_\_\_\_

SHOW COURSES OR TRAINING IN PLATFORM WORK \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - MAINTENANCE**

LIST TYPES OF MAINTENANCE EXPERIENCE AND YEARS OF EACH \_\_\_\_\_

SHOW EQUIPMENT YOU CAN OPERATE	CHECK	YEARS OF EXPERIENCE	EQUIPMENT	CHECK	YEARS OF EXPERIENCE
Woodworking Equipment			Electric Welder		
Sheet Metal Equipment			Oxyacetylene Welder		
Clutch Rebuilding			Paint Spray Gun		
Differential Rebuilding			Wheel & Tire Balancing Machine		
Transmission Rebuilding			Tire Recapping Mold		
Body Work			Engine Dynamometer		
Frame & Axle Straightening Equipment			Chassis Dynamometer		
Electrical & Ignition Repair			Magnetic Crack Tester		
Engine Rebuilding Equipment			Vacuum & Air Brakes		
Diesel Injection Equipment			Other:		

LIST COURSES AND TRAINING IN MAINTENANCE WORK \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - CLERICAL**

INDICATE TRAINING AND SHOW EXPERIENCE IN THE FOLLOWING:

*INDICATE WORDS PER MINUTE	TRAINING (CHECK)	YEARS OF EXPERIENCE		TRAINING (CHECK)	YEARS OF EXPERIENCE
Shorthand *			Rates **		
Billing			OS & D		
TWX			Interline		
PBX			Claims		
Key Punch Operator			Cashier		
Calculator			Accounting		
Dictating Machine Transcriber			Dispatcher		
Bookkeeping Machine			Tabulator		
Computer Skills			** Indicate tariffs with which you		
Software Programs			have worked		

LIST COURSES AND TRAINING FOR OFFICE WORK \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information 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 the Company.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____
FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
 DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
 TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_



**DISCLOSURE AND AUTHORIZATION**  
[IMPORTANT -- PLEASE READ CAREFULLY  
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION  
**ORDER NUMBER:**

**FAX: 910.343.9731**

Company Name: Minges Botting Group

CAC:

Minges Botting Group ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**NOTIFICATION / RELEASE OF INFORMATION**

The purpose of this form is to notify you that a background report will be conducted on you.  
(PLEASE PRINT CLEARLY)

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ALIAS / MAIDEN NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In connection with this request, I authorize all corporation, credit agencies, education institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my employment, consumer credit history, driving record, workers compensation and general public history to the person or company with which this form has been filed or their agent, Absolute Assurance Drug Testing, LLC /FirstPoint. This form releases the aforesaid companies from any liability and responsibility from collecting the above information. I further understand that I will be provided a written note if any adverse action is to be taken in whole or in part based on the consumer report.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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PLEASE INDICATE INFORMATION REQUESTED: (To be completed by employer)

- CRIMINAL RECORD SEARCH \_\_\_\_\_
- DRIVING RECORD \_\_\_\_\_ N/A \_\_\_\_\_

**AADT USE ONLY:**

Contact: \_\_\_\_\_ Ms. Betty Smith

Phone: (252) 746-9709 Fax: (252) 746-9751

E-mail: \_\_\_\_\_ betty.smith@mbgpepsi.com

PLEASE EMAIL TO: AADT@ABSOLUTEASSURANCE.ORG  
OR FAX TO: 1-919-735-0171

Voluntary Self Identification

Employee/Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Certain United States government agencies require that our Company maintain records of the gender and race/ethnic origin of its workforce, using categories defined by the EEOC. Submission of this confidential information, which is used solely for the equal employment opportunity purpose, is completely voluntary. If the information is not submitted we are required by law to categorize each employee on the basis of visual observations.

If you do not wish to furnish this information, please mark section 4 of this form.

Section 1

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Section 2

\_\_\_\_\_ Indicate by checking if you are Hispanic or Latino

Section 3

Indicate by checking only one of the following EEOC classifications. The EEOC requires that we report only one race/ethnic origin of each person. If you indicated that your ethnicity is Hispanic or Latino, do not check a category below.

\_\_\_\_\_ **White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or Middle East

\_\_\_\_\_ **Black or African American:** All persons having origins in any black racial groups of Africa.

\_\_\_\_\_ **Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent.

\_\_\_\_\_ **American Indian or Alaska Native**

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander:** All persons having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

\_\_\_\_\_ **Two or More Races:** All persons who identify with more than one of the above five races

Section 4

\_\_\_\_\_ I do not wish to furnish this information