



Coca-Cola Bottling Company
HIGH COUNTRY

APPLICATION FOR EMPLOYMENT

- ◆ WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.
- ◆ A PRE-EMPLOYMENT DRUG TEST IS REQUIRED FOR ALL POSITIONS.
- ◆ YOU MUST SPECIFY THE POSITION(S) YOU ARE APPLYING FOR OR YOUR APPLICATION WILL NOT BE CONSIDERED.

NOTICE TO APPLICANTS:

- ◆ When you have finished filling in your qualifications click **Submit** at the bottom of this form.
- ◆ You are encouraged to save your completed application and e-mail it as an attachment to hr@cokehc.com
- ◆ If you prefer to mail your application and resume, please send to
2150 Coca-Cola Lane, Rapid City, SD. 57702
- ◆ To fax the Human Resources office a copy of your application send to
605-341-7567.



VOLUNTARY SELF-IDENTIFICATION (CONFIDENTIAL – FOR STATISTICAL USE ONLY)

Coca-Cola Bottling Company High Country is an Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability veteran status, sexual orientation or any other classification protected by federal, state or local law. As required by law, we must record certain information to be made a part of our Affirmative Action Program and EEO Reporting.

Applicants for employment are invited to participate in the Affirmative Action Program and EEO Reporting by reporting their status as outlined below. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program and EEO Reporting. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below in full. Thank you for your cooperation.

SECTION 1: GENERAL APPLICANT INFORMATION:
Applicant Name: _____
Position Applying For: _____
Sales Center Location: _____

SECTION 2: WHICH AGE GROUP DO YOU FIT IN;
16-17 18-25 26-35 36-45 46-55 56- OVER

SECTION 3: PLEASE CHECK ALL THAT APPLY:	
Race or Ethnic Identity	
Hispanic or Latino	Two or More Races (not Hispanic or Latino)
White (not Hispanic or Latino)	
Black or African American (not Hispanic or Latino)	
Native Hawaiian or Pacific Islander (not Hispanic or Latino)	I do not wish to Self-Identify
Asian (not Hispanic or Latino)	
American Indian or Alaskan Native (not Hispanic or Latino)	

Gender
Male <input type="checkbox"/> Female

I hereby acknowledge that I have voluntarily completed this self-identification form.

Applicant Signature

Date

Personal and Confidential

This page contains sensitive information and will be stored in a secure file, separate from applications and personnel records.



2150 Coca-Cola Lane
 Rapid City, SD 57702
 Phone: (800) 658-3638
 Fax: (605) 341-7567

Internal Use Only	
Mark (1) from this column	Mark (1) from this column
REASON FOR NON-SELECTION	SELECTION STAGE AT WHICH APPLICANT REJECTED
NQ Availability/Working hours incompatible	Position Filled/Applicant never considered
NQ No relevant experience	Applicant lacked qualifications
NQ Education requirements not met	Contacted by phone-Rejected for better qualified applicant
NQ Poor references	Interviewed-Rejected for better qualified applicant
NQ Performance in prior jobs	Offer made-Applicant failed drug/alcohol screening test
NQ Employment history	Offer made-Disability can't be reasonably accommodated
NQ Lack of technical/analytical skills	Offer made-Applicant declined due to benefits/compensation
NQ Poor communication skills	Offer made-Applicant declined due to other job opportunity
NQ Lack of professionalism	Offer made-Applicant declined due to location
NQ Lack of flexibility/teamwork	Offer made-Applicant accepted

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PERSONAL INFORMATION

Name: _____ Date: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
 Primary Phone Number: _____ Alternate Phone Number: _____
 How did you learn about this job? _____

Are you able to demonstrate your legal right to work in the United States? Yes No

Please indicate source of referral to Coca-Cola Bottling Company High Country.

- Television Coke Employee: _____
- Newspaper Website: _____
- Career Center or Workforce Center Other: _____

EMPLOYMENT DESIRED

◆ Position: _____ ◆ Location: _____
 ◆ Date Available: _____ ◆ Desired Pay: _____
 ◆ Are you currently employed? Yes No If yes, may we contact your current employer? Yes No
 ◆ Have you ever applied to this company before? Yes No Where? _____ When? _____
 ◆ Have you ever been employed by this company? Yes No Where? _____ When? _____
 ◆ Are you related to anyone currently employed by this company? Yes No Who? _____
 ◆ Have you ever been terminated or forced to resign from any job? Yes No If yes, explain: _____

◆ Have you ever been convicted of a felony, or any crime relating to theft or dishonesty or involving acts of violence? Yes No If yes, please explain: _____

Note: A conviction record will not necessarily disqualify an applicant from employment.

The circumstances of the conviction will be considered in relation to the nature and duties of the job applied for.

◆ Most positions within our company require repetitive movements such as bending, lifting, twisting, stooping, or sitting for pro-longed periods. Can you perform each of these functions with or without accommodation?
 Yes No If accommodation is required, please describe: _____



WORK EXPERIENCE

List all employers, beginning with current or most recent position. Please attach additional sheets if necessary.
This section must be completed. Do not write "See resume."

From _____
Mo/Yr: _____

Company: _____ **Phone:** (____) _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Job Title: _____ **Rate of Pay:** _____

To _____
Mo/Yr: _____

Supervisor's Name and Title: _____ **Phone:** (____) _____

Job Duties: _____

Reason for Leaving: _____ **May we contact?** Yes No

From _____
Mo/Yr: _____

Company: _____ **Phone:** (____) _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Job Title: _____ **Rate of Pay:** _____

To _____
Mo/Yr: _____

Supervisor's Name and Title: _____ **Phone:** (____) _____

Job Duties: _____

Reason for Leaving: _____ **May we contact?** Yes No

From _____
Mo/Yr: _____

Company: _____ **Phone:** (____) _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Job Title: _____ **Rate of Pay:** _____

To _____
Mo/Yr: _____

Supervisor's Name and Title: _____ **Phone:** (____) _____

Job Duties: _____

Reason for Leaving: _____ **May we contact?** Yes No

From _____
Mo/Yr: _____

Company: _____ **Phone:** (____) _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Job Title: _____ **Rate of Pay:** _____

To _____
Mo/Yr: _____

Supervisor's Name and Title: _____ **Phone:** (____) _____

Job Duties: _____

Reason for Leaving: _____ **May we contact?** Yes No



EDUCATION

Type	Name and Address of School	Subjects Studied	Degrees or Certificates Earned	Years Completed	Graduated? Yes/No
Elementary School					
High School					
College/University					
Technical or Vocational School					

OTHER SKILLS AND LICENSES

◆ Describe any computer skills, tools, equipment or office machines and proficiency level. _____

◆ Describe any other special skills or additional qualifications that may help you in the position applied for. _____

REFERENCES

List three people whom you have known for at least one year. Do not list relatives.

	<u>Name/Relationship</u>	<u>Telephone Number</u>	<u>Occupation</u>	<u>Years Known</u>
1.				
2.				
3.				

IMPORTANT! READ BEFORE SIGNING: I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. *I understand and agree* that, if hired, my employment will be for no definite period of time.

Signature

Date



EMPLOYMENT REFERRAL FORM

Please indicate if you were encouraged to fill out an application by a Coca-Cola Bottling Company High Country employee?

Applicants Name: _____

Position Applying For: _____

I was referred by _____
(Name of current Coca-Cola employee)

Applicant Signature

Date

**Note: This form is not a contract of employment. The form is not an express or implied promise of employment. Please understand that no one has the authority to enter into an oral employment contract on behalf of the Company and only the owners of the Company can enter into a written employment contact. This form does not guarantee employment at Coca-Cola Bottling Company High Country. Coca-Cola Bottling Company High Country is an equal opportunity and affirmative action employer. Each application will be reviewed according to the current procedures used when making a hiring decision.*

Human Resources Use Only

Form Received by _____

Status of Applicant _____

Date Employee was notified _____



CONSENT FOR PERSONAL BACKGROUND CHECK AND PRE-EMPLOYMENT DRUG AND/OR ALCOHOL TESTS

NOTICE: IF THIS CONSENT IS NOT DATED AND SIGNED, YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT WITH COCA-COLA BOTTLING COMPANY HIGH COUNTRY. THANK YOU FOR APPLYING.

I understand that, as a condition of my consideration for employment with Coca-Cola Bottling Company High Country (hereinafter referred to as CCBCHC), or as a condition of my continued employment with CCBCHC, CCBCHC may obtain employment and education verifications, social security verification, criminal and civil history, reference checks, motor vehicle records, any other public records and any other information bearing on my character, general reputation, personal characteristics and trustworthiness. I hereby authorize and consent to CCBCHC's obtaining such information.

In addition, if applicable for the position, CCBCHC may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics. I hereby authorize and consent to CCBCHC's obtaining such information. I understand that, pursuant to the Federal Fair Credit Reporting Act, if CCBCHC chooses to acquire any type of consumer credit report and if the information in any such report is, in any way, used in making a decision regarding my fitness for employment, that CCBCHC will provide me with a copy of any such report. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within CCBCHC has the authority to make oral contracts of employment. If hired, my employment relationship with CCBCHC is terminable at will, with or without cause, by either CCBCHC or myself.

I understand that CCBCHC requires controlled substance and/or alcohol testing of all job applicants conditionally offered employment. I understand that such controlled substance and/or alcohol testing may consist of the taking of blood, urine, breath samples, or any other medically recognized test designed to detect traceable amounts of controlled substances and/or alcohol in the body. I understand that I have the right to refuse to submit to controlled substance and/or alcohol testing, but I also understand that such a refusal will result in my disqualification from further hiring consideration. I understand that in the event of a confirmed positive test result, CCBCHC may withdraw any previously extended offer of employment. I hereby give my consent to CCBCHC to have any or all of the above controlled substance and/or alcohol testing procedures administered to me and to rely upon the results thereof in determining my employment status with CCBCHC.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

Applicant Signature

Date

Printed Name of Applicant



MOTOR VEHICLE RECORD DISCLOSURE AND RELEASE AUTHORIZATION

In connection with my on-going employment or my application for employment with Coca-Cola Bottling Company High Country, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Coca-Cola Bottling Company High Country and/or to Coca-Cola Bottling Company High Country's insurance agents/broker.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as on-going authorization for Coca-Cola Bottling Company High Country to procure such report at any time during my employment. I understand that Coca-Cola Bottling Company High Country may use this information in conjunction with loss control and safety review efforts.

Print Full Legal Name

Social Security Number

Driver's License Number

Driver's License State

Date of Birth

Expiration of Licenses

Address as it appears on License:

City, State, and Zip as it appears on License

Do you have an active CDL? Yes No
Which Class of CDL to you current hold? _____

Do you have an active Driver's License in another state? Yes No
Which state is your second license in? _____

Signature

Today's Date



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2150 Coca-Cola Lane
Rapid City, SD 57702
Phone: (800) 658-3638
Fax: (605) 341-7567

ONLY COMPLETE THIS PAGE IF YOU ARE APPLYING FOR A SALES POSITION AND CURRENTLY HAVE OR HAVE HAD A COMMERCIAL DRIVER'S LICENSE.

Position Applying For: _____ Date of Application: _____

Name: _____

Current Address: _____ City, State, Zip: _____

Section I. PREVIOUS ADDRESS INFORMATION

Please provide all previous addresses where you have lived within the past 3 years, beginning with the most recent.

Table with 3 columns: Address, City, State, Zip, How long? and 4 rows for entries.

Section II. ACCIDENT INFORMATION

Please provide all motor vehicle accidents that have taken place within the past 3 years.

If you have not been in an accident within the past 3 years, please check here. []

Table with 4 columns: Date, Nature of Accident (Head-On, Rear-End, Upset, Etc.), No. of Injuries, No. of Fatalities and 4 rows for entries.

(Please attach additional sheets if necessary.)

Section III. TRAFFIC CONVICTIONS AND FORFEITURES

Please provide all motor vehicle violations, other than parking, that have taken place within the past 3 years.

If you have not had a motor vehicle violation within the past 3 years, please check here. []

Table with 4 columns: Date, Location, Charge, Penalty and 4 rows for entries.

(Please attach additional sheets if necessary.)



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Section IV. DRIVER'S LICENSE INFORMATION

Please provide information regarding unexpired commercial driver's licenses.

	State _____	License/Permit Number _____	Type _____	Expiration Date _____
1.	_____			
2.	_____			
3.	_____			
4.	_____			

(Please attach additional sheets if necessary.)

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 If yes, please explain. _____
2. Has any license, permit or privilege ever been suspended or revoked? Yes No
 If yes, please explain. _____

Section V. DOT EXPERIENCE

Please provide information regarding your DOT experience.

If you have no DOT experience, please check here.

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates	
		From	To
Straight Truck			
Tractor and Semi-Trailer			
Tractor – Two Trailers			
Motor coach – School Bus			
Other			

Section VI. PREVIOUS EMPLOYER INFORMATION

Please provide names and addresses of employers within the past 3 years, beginning with the most recent.

Name _____	Address _____	City, State, Zip _____
1.	_____	
2.	_____	
3.	_____	
4.	_____	

Certification:

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

Signature

Date