

EMPLOYMENT CONTINUED...

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
		Reason for leaving
Supervisor's Name: _____ Telephone: _____		

EMPLOYMENT REFERENCES:

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from any such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement without writing and signed authorized by company representative.

This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature: _____

Date: _____

Equal Employment Opportunity: Capitol Beverage is committed to a policy of providing equal employment opportunities to all candidates regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, or age. The Company does not discriminate against any employee or applicant for employment because of Vietnam-era veteran status, disabled veteran status, or physical or mental disability in regard to any position for which the employee or employment applicant otherwise meets minimum qualifications.

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____

DATE: _____

REMARKS: