



APPLICATION FOR EMPLOYMENT

DRIVER

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Last Name	First	Middle	Date
Street Address (Present)		City	State Zip
Street Address (if above address is less than three (3) years, list all)		City	State Zip
Home Phone (Present)	Cell Phone	Email Address:	
Position Desired:		Date Available:	Expected Pay Rate:
Have you ever been employed by Coca-Cola? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, date terminated: _____ Reason: _____ Hourly Rate: _____			
Office Location: _____ Position: _____ Manager: _____			
Are you a United States Citizen, a national of the United States, an alien lawfully admitted for permanent residence or an alien who is authorized to be hired for the employment for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of bonding company: _____			
(ANSWER ONLY IF JOB REQUIREMENT.)			
Have you ever been convicted of or pleaded guilty to a crime, other than a misdemeanor or summary offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, date: _____ / _____ / _____ Offense: _____ Location: _____			
Referral Source: <input type="checkbox"/> Walk-in [self] <input type="checkbox"/> Job Service <input type="checkbox"/> Employment Agency <input type="checkbox"/> EEO Organization			
<input type="checkbox"/> College Recruit <input type="checkbox"/> Advertisement <input type="checkbox"/> Coca-Cola Employee:			
Relatives employed, either currently or previously by Coca-Cola:			
Name: _____ Relationship: _____ Occupation: _____			

If any other name(s) will appear on academic or employment records, please indicate name(s):			

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Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: Name: _____

Street: _____

City, State, Zip Code: _____

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EXPERIENCE & QUALIFICATION

Answer the questions in this section only if applying for driver position.

★Date of Birth: _____ / _____ / _____ Social Security No. _____

★The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2))

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EXPERIENCE & QUALIFICATION (continued)

Answer the questions in this section only if applying for a driver position.

LICENSE(S)	State	License #	Class	Endorsement(s)	Expiration Date
Driver licenses held in past three (3) years must be shown					

- 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
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered "Yes" to A, B and/or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers – LCV's				
Other				

List states operated in during last five (5) years: _____

List special courses or training that will help you as a driver: _____

List driving awards held and who awards were presented by: _____

Accident Review for past three (3) years (attach separate sheet of paper if necessary)

Dates (List most recent, then next previous)	Nature of Accident (Head-on, Rear-end, Overturn, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for past three (3) years other than parking violations

Location	Date	Charge	Penalty

D R I V E R

Please be notified of your right to:

Review information provided by previous employers; and

Have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

The U.S. Department of Transportation requires that driver applications show all employment for the past three (3) years. They must also show commercial driver employment for the seven (7) years immediately preceding this three (3) year period. (§391.21(b) (10), (11)).

★ Information on this application concerning previous employers may be used, and your previous employers will be contacted for the purpose of investigating the applicant's safety performance history.

Start with last or current position, including military experience and work back (attached a separate sheet of paper if necessary).

EMPLOYMENT RECORD

Name of Employer:	Address (include Zip Code):		
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Start Date:	Average hours per week:	Starting Position:	Starting Pay: \$_____ per
Terminated Date:		Final or Present Position:	Final Pay: \$_____ per

Reason for termination:

Name of Supervisor:	Supervisor's Position:	Phone Number:
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Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

Name of Employer:	Address (include Zip Code):		
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Start Date:	Average hours per week:	Starting Position:	Starting Pay: \$_____ per
Terminated Date:		Final or Present Position:	Final Pay: \$_____ per

Reason for termination:

Name of Supervisor:	Supervisor's Position:	Phone Number:
---------------------	------------------------	---------------

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

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Name of Employer:	Address (include Zip Code):		
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Start Date:	Average hours per week:	Starting Position:	Starting Pay: \$_____ per
Terminated Date:		Final or Present Position:	Final Pay: \$_____ per

Reason for termination:

Name of Supervisor:	Supervisor's Position:	Phone Number:
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Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

Attach an additional sheet if necessary.

List courses and training in maintenance work: _____

Job Function

Indicate training and experience in the following:	Formal Training [Check]	Years of Experience	Area	Formal Training [Check]	Years of Experience
Drive line components			Body work		
Diesel engine tune-up and rebuild			Electrical repair		
Gas engine tune-up and rebuild			Frame and wheel alignment		
Tire service			Brakes		
Trailer repair			Cooling system		
Air conditioning [cab]			Inspections [state/federal]		
Refrigeration [cargo]			General car repair		

Shop Experience

Indicate training and experience in the following:	Formal Training [Check]	Years of Experience	Area	Formal Training [Check]	Years of Experience
Diagnostic equipment Type(s):			Tire servicing		
			Wheel and tire balancing machine		
Sheet metal equipment			Tire recapping		
Frame and axle straightening equipment			Engine dynamometer		
Engine rebuilding			Chassis dynamometer		
Diesel injection equipment			Magnetic crack detector		
Electric welder			Engine analyzer		
Oxyacetylene welder			Noise measuring equipment		
Paint spray gun			Emissions/smoke testing		
Air conditioning [cab]			Inspections [state/federal]		
Refrigeration [cargo]			General car repair		
ASE certification(s) – specify:					

Clerical Experience and Qualifications

Indicate training and experience in the following:	Formal Training [Check]	Years of Experience	Area	Formal Training [Check]	Years of Experience
Typing [wpm]			Dictating machine		
Shorthand [wpm]			Bookkeeping machine		
Billing			Switchboard equipment [indicate type]		
Filing			Tabulator		
Computers [indicate software]			Accounting		
Word processing equipment			O S & D		
Key punch			Interline		
Calculator			Claims		
Adding machine			Cashier		
Telecopier			Dispatcher		
Photocopier					

List courses and training in office work: _____

Rates [indicate tariffs with which you have worked]: _____

MAINTENANCE EXPERIENCE & QUALIFICATIONS

Experience and Qualifications

List types of platform experience and number of years of each: _____

List platform equipment you can operate (lift truck, etc.): _____

List courses or training in platform work: _____

**APPLICANTS MUST READ AND SIGN
CONSENT FOR RELEASE OF INFORMATION**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristic and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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

I have applied for employment with Coca-Cola Bottling Company of the Lehigh Valley / Coca-Cola Bottling Company of Chester County. As part of the application process, I have been requested to provide references to and information regarding my background from former employers, civilian or military, educational institutions and courts.

The purpose and procedures used in this investigation have been fully described to me and I completely understand the reasons and potential uses of such investigation. I authorize Coca-Cola Bottling Company of the Lehigh Valley / Coca-Cola Bottling Company of Chester County to use any and all information acquired to make decisions regarding my employment.

I hereby authorize and request, references, former employers and educational institutions which I attend to provide Coca-Cola Bottling Company of the Lehigh Valley / Coca-Cola Bottling Company of Chester County, the information it requests about me, my employment and my educational background. I hereby release and discharge Coca-Cola Bottling Company of the Lehigh Valley / Coca-Cola Bottling Company of Chester County, its employees and agents, all persons, prior employers or organizations, which may provide information regarding me in accordance with this authorization, of and from any and all liability arising out of such inquiries by Coca-Cola Bottling Company of the Lehigh Valley / Coca-Cola Bottling Company of Chester County or any response to such inquiry.

Name: _____
(Printed)

Social Security: _____

Signature: _____

Date: _____

Please send completed application to:

**Coca-Cola Bottling Company of the Lehigh Valley
Attn: Human Resources
2150 Industrial Drive
Bethlehem, PA 18017**



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

To: _____ Date: _____
 _____ Fax: _____
 _____ Attn: _____

APPLICANT: DO NOT COMPLETE THIS FORM – SIGN AND DATE AT BOTTOM ONLY!

Applicant's name: _____ SSN: _____
 Has applied for employment to one of our operating companies named above. He/she states that he/she worked for your company on:

1. Is/are these dates correct: _____ If no, please explain: _____
2. What type of work did he/she perform? OTR Local Dock Other (specify): _____
3. What type of equipment did he/she operate? _____
4. Was this person's license to drive ever suspended while in your employ? Yes No If yes, explain: _____

5. Number of accidents? _____ Number of preventable? _____
ACCIDENTS: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the three (3) years prior or check here _____ if there is no accident register data for this driver.

	Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

INFORMATION IS REQUIRED AND MUST BE COMPLETED PER DEPARTMENT OF TRANSPORTATION [DOT] REGULATIONS SECTION 382.413

6. Within the past three (3) years was this person tested for a controlled substance? Yes No
- a. Did this person ever test positive? Yes No
- b. Did this person have an alcohol test with a BAC of .04 or greater? Yes No
- c. Did this person have an alcohol test with a BAC of .02 to .039? Yes No
- d. Did this person refuse an alcohol or controlled substance test? Yes No
- If yes to a, b, c or d, explain, naming Substance Abuse Professional, etc. _____

7. Why did this person leave your company? Laid Off Resigned Discharged
8. Would you re-employ this person? Yes No; Explain: _____

This information is being requested

via: Phone Fax Mail

By: _____ Title: _____

This reply is being provided by:

By: _____ Title: _____

I, _____, hereby authorize Coca-Cola Bottling of the Lehigh Valley / Coca-Cola Bottling of Chester County, its subsidiaries, and/or employees with a right to know, to request and receive the information above requested as required by the FHWA as a condition of possible employment by Coca-Cola. I authorize the release of such information by any previous of my

employers during the past ten (10) years. Information in question 6 a.b.c.d. is limited to a three (3) year period. I hereby release all parties concerned from any and all liability of any type as a result of providing the requested information.

Applicant's Signature

Date

Witness's Signature