

	Type of School	Name & Address of School	Dates Attended		Graduated		Degree of Credits Completed	GPA	Major
			From Mo/Yr	To Mo/Yr	Yes	No			
E D U C A T I O N	High School (Last Attended)								
	All Vocational Schools and Technical Institutes	1.							
		2.							
	All Colleges or Universities	1.							
		2.							
		3.							
S K I L L S	Typing <input type="checkbox"/> No <input type="checkbox"/> Yes WPM _____	Shorthand <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, WPM _____	Word Processing <input type="checkbox"/> No <input type="checkbox"/> Yes Equipment /Software Used _____						
	Please provide any additional skill information you believe would be of value in considering you for employment: _____ _____ _____								
L I C E N S E S	<u>Driver's License State</u>				<u>License Number</u>				
	1.								
	2.								
	3.								
	4.								
M I S C	List membership's in professional organizations (Please exclude racial, religious, or nationality groups): _____ _____ _____								

EMPLOYMENT HISTORY

Begin with present or most recent employer and list full-time and part-time employment history.

NOTE: Resumes may be attached, however, not in lieu of completing this section.

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

1	Name of Employer		Address (include zip)	
	Date Started	Average hours worked per week	Starting Position	Starting Pay \$ _____ per _____
	Date Terminated		Final or Present Position	Final Pay \$ _____ per _____
	Reason for Termination			
	Name of Supervisor		Supervisor's Position	Phone Number
	Job Duties (give details of work you personally performed)			
2	Name of Employer		Address (include zip)	
	Date Started	Average hours worked per week	Starting Position	Starting Pay \$ _____ per _____
	Date Terminated		Final or Present Position	Final Pay \$ _____ per _____
	Reason for Termination			
	Name of Supervisor		Supervisor's Position	Phone Number
	Job Duties (give details of work you personally performed)			
3	Name of Employer		Address (include zip)	
	Date Started	Average hours worked per week	Starting Position	Starting Pay \$ _____ per _____
	Date Terminated		Final or Present Position	Final Pay \$ _____ per _____
	Reason for Termination			
	Name of Supervisor		Supervisor's Position	Phone Number
	Job Duties (give details of work you personally performed)			
4	Name of Employer		Address (include zip)	
	Date Started	Average hours worked per week	Starting Position	Starting Pay \$ _____ per _____
	Date Terminated		Final or Present Position	Final Pay \$ _____ per _____
	Reason for Termination			
	Name of Supervisor		Supervisor's Position	Phone Number
	Job Duties (give details of work you personally performed)			

R E F E R E N C E S	List Three References:			
	Name	Address	Daytime Phone	Occupation

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employers or agents to contact and obtain information from all references, (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees or representatives for seeking, gathering and using such information in the employment process & all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only thirty days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
 I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.
 Signature of Applicant _____ Date _____

Please send completed application to:
Coca-Cola Bottling Company of the Lehigh Valley
Attn: Human Resources
2150 Industrial Drive
Bethlehem, PA 18017

CONSENT FOR RELEASE OF INFORMATION

I have applied for employment with Coca-Cola Bottling Company of the Lehigh Valley/Coatesville Coca-Cola Bottling Works. 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, and 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/Coatesville Coca-Cola Bottling Works 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/Coatesville Coca-Cola Bottling Works, 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/Coatesville Coca-Cola Bottling Works, 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/Coatesville Coca-Cola Bottling Works or any response to such inquiry.

Name: _____
(Printed)

Social Security: _____

Signature: _____

Date: _____