Bev Naps Inc. **Team Member Application**

Bev Naps Inc. is an Equal Opportunity Employer

If you need any help to fill out this application form, please notify the person who gave you this form. Every effort will be made to have someone help you in a reasonable amount of time.

EMPLOYMENT DESIRED								
Position Applying for (Be Specific):					Date you can start://			
Wage Rate	Expected:							
PERSONAL	INFORMATI	ON						
Print Full Na	ame:	it	Mid	dle	L	ast		
Present Add		ber & Street			City	State	Zip	
Are you 19 years or older?YesNo If NOT, what is your birth date?//					none Number (nail	•		
Have you ever been convicted of a felony or misdemeanor?YesNo If yes, please explain (A conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness, and nature of the violation, and rehabilitation will be taken into account. Are you legally eligible for employment in the U.S.?Yes No								
Federal Law (e.g. Driver's	requires that s License and	a new employ Social Security uirement, we m	ee must suppl y Card or Birth	y documents tl Certificate)* v	nat prove ident within 3 busine	ess days of hir		
*Other do	ocuments may	be used to me	eet this require	ment. Please	request inform	nation from th	e manager.	
AVAILABIL	.ITY							
	vailable per w for	eek	-	What p	prompted you t	o apply at ou	company?	
Do you have		o and from wo	rk?	Wa	alk-in			
163	INO			Internet:				
Referred by:								
Other:								
Please indicate the time you are available for each work day.								
DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
ROM								

TO

l	DUCATION/TRAINING							
	CIRCLE LAST YEAR OF EDUCATION COMPLETED							
(RADE SCHOOL 9 10 11 12 13 14 15 16 17 18 19 20							
ŀ	IGH SCHOOL ATTENDED CITY,STATE							
I	MPLOYMENT HISTORY							
	: 3 most recent jobs, military service and self employment in the USA, beginning with the present and	d working						
	y we contact your present employer?YESNO							
Er	plover's Name	_						
St								
Ph	one () Job Title	-						
Da	es of Employment: From// To/ Average # Hrs/Wk							
W Dı	ge Rate: Starting Ending How Paid: HourlySalaried ies & Responsibilities:							
	ason for leaving?							
Er	ployer's Name	_						
St	CityStateZip one () Job Title ees of Employment: From// To/ Average # Hrs/Wk							
Pł	one () Job Title	-						
Da	es of Employment: From/ To/ Average # Hrs/Wk							
W	ge Rate: Starting Ending How Paid: HourlySalaried							
טט	ies & Responsibilities:							
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Er	ployer's Name	_						
St	eet City State Zip							
Pr	one () Job Title	-						
W	ge Rate: Starting Ending How Paid: HourlySalaried							
	ies & Responsibilities:							
Re	ason for leaving?							
Αl	PLICANT STATEMENT							
Ple	ase read the following statements carefully:							
	I certify that the answers given, herein are true and complete to the best of my knowledge and are subject to confirmation b	DV						
2.	Bev Naps Inc. I hereby acknowledge notification, in compliance with the Fair Credit Reporting Act, that Bev Naps Inc. may make	,						
۷.	such investigations and inquiries of my personal, employment, financial, or other related matters as may be necessary in a	arriving at						
3.	an employment decision. I hereby release employers, schools, and all other persons contacted from all liability. In the event of employment, I understand I am applying for employment which can be terminated at will by either myself or Bev Naps Inc. at any time and that nothing contained in any application, manual, brochure, or other materials shall constitute an							
	implied or expressed contract for employment. I also acknowledge that Bev Naps Inc. may request previous employment information to evaluate my qualifications for employment. I understand that false or incomplete information in an application for							
	employment is grounds for dismissal and forfeiture of all related benefits. I understand that I am required to abide by all corrules and regulations.							
4.	I also understand and agree that Bev Naps Inc. supports the Drug Free Workplace concept and as such will require me to submit to a post-accident drug test if I am injured and require medical attention as a condition of employment or cont	tinued						
	employment. These drug tests will be administered post-accident. Refusal to submit to a post-accident drug test or a posit will result in disciplinary action up to and including termination of employment.							

Signature_