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 Missoula, MT 59808
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 Fax: (406) 541-2374

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 Butte, MT 59702
 Phone: (406) 782-9158
 Fax: (406) 782-4530

Employment Application

Summit Beverage is an Equal Opportunity Employer

POSITION APPLIED FOR:

Thank you for showing your interest in Summit Beverage as an employer.

GENERAL INFORMATION

Name (last, first, middle initial)

Social Security # (Optional)

Street Address

City, State, Zip

Home Phone #

Cell Phone #

Are you authorized to work in the United States? Yes No

Proof of Authorization will be required post hire.

Training & Education

CIRCLE THE HIGHEST GRADE COMPLETED: 8 9 10 11 12 GED

College/Other Training

Major/Subject

Degree/Certification

ADDITIONAL SKILLS Describe skills relevant to the job for which you are applying

SKILLS

TYPE OF EXPERIENCE

LEVEL OF EXPERIENCE

Office Equipment,
Computers, software
(typing speed,
programs, ect..)

Technical skills,
professional licenses

CDL, Class A or B
License

Other

Can you perform the essential functions of the job with or without reasonable accommodation? Yes No

BACKGROUND INFORMATION

EACH CASE IS CONSIDERED SEPERATLEY BASED ON JOB DUTIES AND PERFORMANCE AREAS

Do you have a valid Montana Drivers License? Yes No OTHER STATE? _____

If the position applied for involves driving, have you been convicted, pleased to no contention or paid a fine for any traffic violations in the past (3) years? Yes No If yes please explain:

Have you been convicted of a felony or served time in prison within the last ten (10) years? Yes No

Conviction will not necessarily bar you from employment. If yes please explain:

EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list our employment history. Include self-employment, military service, volunteer experience and periods of unemployment. The following **MUST** be submitted even if a resume is submitted.

Employer:		Start Date:
Address:		End Date:
Phone#:	Hours Worked/Week:	Reason for leaving:
Supervisor & Phone #:		Starting Salary:
Position:	May we contact this employer? Yes No	Ending Salary:
Primary Duties:		
Number of employees supervised by you:		

(Drivers only) Were you subject to the FMCSR's while an employee? Yes No

Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes No

Employer:		Start Date:
Address:		End Date:
Phone#:	Hours Worked/Week:	Reason for leaving:
Supervisor & Phone #:		Starting Salary:
Position:	May we contact this employer? Yes No	Ending Salary:
Primary Duties:		
Number of employees supervised by you:		

(Drivers only) Were you subject to the FMCSR's while an employee? Yes No

Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes No

Employer:		Start Date:
Address:		End Date:
Phone#:	Hours Worked/Week:	Reason for leaving:
Supervisor & Phone #:		Starting Salary:
Position:	May we contact this employer? Yes No	Ending Salary:
Primary Duties:		
Number of employees supervised by you:		

(Drivers only) Were you subject to the FMCSR's while an employee? Yes No

Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes No

Professional References	Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance.	
Name	Place of Employment	Phone #

It is understood and agreed that the forgoing is true to the best of my knowledge and falsification of this application will be grounds for elimination from further consideration or, if employed by Summit Beverage, dismissal. I authorized Summit Beverage to solicit information regarding my character, general reputation, credit, previous employment and similar background information and to contact any and all references I have given on my application. I release all parties and persons connected with any such requests for information from all claims, liabilities, and damages that may arise from the furnishings of such information. If employed, I release Summit Beverage from any liability for future references it may provide regarding my work history. I understand that employment with the employer is "at-will" which means that either Summit Beverage can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. All employment is continued on that basis.

Signature

Date: