

# COUCH DISTRIBUTING COMPANY, INC.

Fine Beverages Since 1973

104 Lee Road - P.O. Box 50004 - Watsonville, CA. 95077-5004

Phone 831-724-0649

Fax 831-724-4293

www.couchdistributing.com

Application for office position

## COUCH DISTRIBUTING COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

**NOTE:** Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

## PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
Street City State Zip

3. Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ 4. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

5. Are you over 18 years of age or older?  Yes  No

If employed and under the age of 18, can you furnish a work permit?  Yes  No

6. Do you have a legal right to work in the United States?  Yes  No

If employed, you will be required to provide proof.

7. Have you applied to Couch Distributing Company for employment in the past?  Yes  No

If yes, when? \_\_\_\_\_ Position applied for: \_\_\_\_\_

8. Do you have any relatives currently employed by Couch Distributing Company?  Yes  No

If yes, who? \_\_\_\_\_ What relation to you? \_\_\_\_\_

9. Have you ever used another name that we would need in order to verify your employment experience and education?

Yes  No If yes, indicate such name and the date the name changed: \_\_\_\_\_

10. Have you been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime?  Yes  No

*Do not disclose convictions related to the possession or use of marijuana more than two years ago.*

If yes, state when, where, and the nature of such conviction: \_\_\_\_\_

*(In accordance with company policy, this information will be reviewed for job-relatedness and time since last conviction.)*

11. Are you currently employed?  Yes  No If yes, may we contact your current employer at anytime?  Yes  No

You may contact my current employer, but only when: \_\_\_\_\_

# POSITION

- Position for which you are applying: \_\_\_\_\_  

First Choice
Second Choice
- Salary/wage desired: \_\_\_\_\_ per \_\_\_\_\_
- Are you available to work:
 

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On-Call
<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends	<input type="checkbox"/> Overtime	<input type="checkbox"/> Split Shift
<input type="checkbox"/> Other: _____			
- When would you be available to start working? \_\_\_\_\_
- How did you hear about the availability of the position for which you are applying?
 

<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Current Employee
<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Other: _____		
- If the position for which you applying requires the use of a vehicle, do you have a valid driver's license?  Yes  No  
 License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Have you been given a Job Description, or have the requirements of the job been explained to you?  Yes  No  
 Do you understand these requirements?  Yes  No
- Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation?  Yes  No
- Can you meet the attendance standards of our company, which requires all employees to report for work on time for all scheduled days or shifts?  Yes  No

## SPECIAL SKILLS AND TRAINING

- Describe specialized training, apprenticeships, skills or research: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- List current certifications and/or professional licenses, if any, and where registered: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Office/business equipment and software qualified or trained to use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Check special skills or training:
 

<input type="checkbox"/> Keyboarding _____wpm <input type="checkbox"/> 10-Key <input type="checkbox"/> Marketing <input type="checkbox"/> Sales	<input type="checkbox"/> Graphic Design <input type="checkbox"/> Information Systems Mgt. <input type="checkbox"/> Public/Customer Relations	<b>Software</b> <input type="checkbox"/> Word Processing <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Data Base <input type="checkbox"/> Accounting <input type="checkbox"/> Other	<b>Please List Programs (i.e., Word, Excel, etc.):</b> _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced
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- Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR

# EMPLOYMENT EXPERIENCE

**Directions:** Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

**THE FOLLOWING MUST BE COMPLETED IN DETAIL– RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.**

1.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ( )	Supervisor's Name, Title and Telephone Number ( )			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Why?				

2.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ( )	Supervisor's Name, Title and Telephone Number ( )			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Why?				

3.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ( )	Supervisor's Name, Title and Telephone Number ( )			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Why?				

4.	Employer	Dates Employed from _____ to _____	Address	Job Title
5.	Employer	Dates Employed from _____ to _____	Address	Job Title
6.	Employer	Dates Employed from _____ to _____	Address	Job Title
7.	Employer	Dates Employed from _____ to _____	Address	Job Title

## EDUCATION and TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR	Circle Last Year
High School			9 10 11 12
Community College		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2
College/University		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Graduate School		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Business/Trade/Night School		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4

## EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone
			( )
			( )
			( )

## CERTIFICATION

**DIRECTIONS: PLEASE READ AND INITIAL THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM**

\_\_\_\_\_ I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of Couch Distributing Company regardless of the time that has elapsed before discovery.

\_\_\_\_\_ I understand that filing this application in no way assures me a position with Couch Distributing Company, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either Couch Distributing Company or myself. I further understand that no one other than the President of Couch Distributing Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

\_\_\_\_\_ If employed by Couch Distributing Company, I agree to abide by the rules, policies and procedures of Couch Distributing Company and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination will include drug and alcohol screening. I understand that Couch Distributing Company believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of Couch Distributing Company during the time of my employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# COUCH DISTRIBUTING COMPANY INC.

## APPLICANT EQUAL OPPORTUNITY SURVEY

COUCH DISTRIBUTING COMPANY, INC. is a government contractor subject to the rules and regulations of Executive Order 11246 which requires the Company to take affirmative action and promote equal opportunity for all persons without regard to race, color, religion, sex, age or national origin. Section 4212 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended and; Section 503 of the Rehabilitation Act of 1973, as amended, which requires the Company to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and individuals with disabilities. The United States government requires the company to collect data on race, sex, ethnic classifications, and Veteran Era status for the purposes of determining the impact of our employment procedures. This information is used solely to comply with government record keeping, reporting, and other legal requirements. Please complete the Equal Opportunity survey below. This data is for periodic government reporting and will be kept in a **CONFIDENTIAL FILE** separate from the Employment Application. Your response is voluntary and your cooperation will be appreciated.

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Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source (check all that apply):  Advertisement  Friend  Relative  Walk-in  
 Other

Check Sex:  Male  Female

Race or Ethnic Group:  White  Black  Hispanic  American Indian/Alaskan Native  
 Asian Pacific Islander  Other \_\_\_\_\_

