

FRANK BEVERAGE GROUP

Employment Application

Frank Liquor Co., Inc. (Middleton, WI)
 Frank Beer Distributors Inc. (Middleton, WI)
 Frank Beer South, LLC (Beloit, WI)
 Frank Beverage Group Transport, Inc. (Middleton, WI)
 Frank Liquor of La Crosse Inc. (La Crosse, WI)
 La Crosse Beverage, LLC (La Crosse, WI)

We are an equal opportunity employer and fully subscribe to the principles of Equal Employment Opportunity. It is the policy of this company to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability or any other basis prohibited by federal or state law. As an equal opportunity employer, we intend to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law.

****Unsigned or incomplete applications will not be considered.****

Position Applying for:		Company Applying for:	Frank Liquor: <input type="checkbox"/>
			Frank Beer: <input type="checkbox"/>
How did you learn about us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> www.frankbeer.com <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> www.craigslist.com <input type="checkbox"/> Current Employee: <input type="checkbox"/> Other:			
Applicant Information			
Full Name:		Date of Application:	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:		Apartment/Unit #	
<i>Street Address</i>			
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Home Phone: ()	Cell Phone: ()	E-mail Address:	
Date available to work:	Please check <u>ALL</u> you would consider. AM shift <input type="checkbox"/> PM shift (overnight) <input type="checkbox"/> Office Hours <input type="checkbox"/>	Is there additional information regarding your name which is necessary for us to conduct a reference check? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes.	
Are you legally authorized to work in the United States? <small>(If hired, you will be required to provide proof of work authorization.)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you available to work? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp/Seasonal <input type="checkbox"/>	Are you at least 18 years of age? <small>(If not, your employment will be subject to verification that you meet state/federals minimum age requirements for the type of work you are applying for and have obtained a valid work permit.)</small> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever filed an application with us before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	
May we contact your present employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you able to perform the essential functions of the job for which you are applying with or without an accommodation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Can you travel if the job requires it?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any pending arrests?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:	
Have you ever been convicted of a crime other than minor traffic violation?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:	
<i>(A criminal record does not constitute an automatic bar to employment and will be considered only as it may relate to the job you are seeking.)</i>			

Education

High School:				Address:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:				Address:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:				Address:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

References

Please list three professional references (no relatives) you have worked with, that you do not live with and whom we may contact for a reference.

Full Name:			Relationship:		
Company:				Phone:	()
Address:				Email:	
Full Name:			Relationship:		
Company:				Phone:	()
Address:				Email:	
Full Name:			Relationship:		
Company:				Phone:	()
Address:				Email:	

Training Courses

List any relevant training programs completed.

Courses/Seminars	Organization Sponsoring	Content	Date(s) Attended

Special Skills

1. If relevant, please describe word processing speed, software knowledge, and office equipment experience.
2. If relevant, please describe experience using manufacturing and/or warehouse machines and equipment.

Job History

Please provide your complete employment history, starting with your most recent position. Include all jobs(s) worked in the past eight (8) years.

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Military Service

Have you ever served in the Armed Forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					
What Were Your Duties in the Service (Include Special Training and Duty Station)?					

Disclaimer and Signature

Please read the following statements carefully before you sign your name.

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the company. I have read, understand and agree to the above statement. (Please initial here.) _____

I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company, and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement. (Please initial here.) _____

Signature:		Date:	
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