

Sacramento *Coca-Cola* Bottling Co., Inc.

EMPLOYMENT APPLICATION EQUAL OPPORTUNITY EMPLOYER

PLEASE ANSWER EACH QUESTION COMPLETELY AND PRINT LEGIBLY					
NAME (FIRST NAME, MIDDLE NAME, LAST NAME)					
LIST OTHER NAMES THAT YOU HAVE USED:					
ADDRESS (IF LESS THAN 7 YEARS, COMPLETE BELOW)		APT.NO.	CITY	STATE	ZIP
ADDRESS		APT.NO.	CITY	STATE	ZIP
ADDRESS		APT.NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER	ALTERNATE CONTACT NUMBER		PRIVATE E-MAIL ADDRESS	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY ELIGIBILITY					

DESIRED EMPLOYMENT			
POSITION(S) YOU ARE APPLYING FOR?		DATE YOU CAN START	WAGES DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT KIND OF WORK ARE YOU SEEKING? <input type="checkbox"/> REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	
INDICATE THE DAYS OF THE WEEK YOU ARE AVAILABLE TO WORK: <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT		INDICATE SHIFT HOURS YOU ARE AVAILABLE TO WORK: <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> OVERTIME	
HAVE YOU EVER APPLIED TO SACRAMENTO COCA COLA? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?		WHEN?
HAVE YOU EVER WORKED FOR SACRAMENTO COCA COLA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE BELOW BOX	WHERE?		WHEN?
REASON FOR LEAVING SACRAMENTO COCA COLA:			
NAME OF LAST SUPERVISOR AT THIS COMPANY			
DO ANY OF YOUR FRIENDS OR RELATIVES WORK FOR SACRAMENTO COCA-COLA? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE DATE(S) AND POSITION(S) HELD, IF ANY:	
WHO REFERRED YOU TO SACRAMENTO COCA-COLA? <input type="checkbox"/> EMPLOYEE'S NAME: _____ <input type="checkbox"/> EMPLOYMENT/ TEMP AGENCY _____ <input type="checkbox"/> NEWSPAPER ADVERTISING _____ <input type="checkbox"/> INTERNET _____ <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER _____			

PERSONAL INFORMATION

DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO CLASS _____	DRIVER'S LICENSE NUMBER AND EXPIRATION DATE: _____
HAVE YOU EVER BEEN RELEASED OR DISCHARGED FROM EMPLOYMENT OR RESIGNED TO AVOID SUCH RELEASE OR DISCHARGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE INDICATE DATE AND EXPLANATION FOR DISCHARGE OR RESIGNATION: _____ _____	
SINCE YOUR 18 th BIRTHDAY, HAVE YOU BEEN CONVICTED OF A FELONY OR FELONY-REDUCED TO MISDEMEANOR CONVICTION BY ANY COURT? YOU MAY OMIT CONVICTION OF A MISDEMEANOR WHILE UNDER AGE 18 IF RECORD WAS SEALED UNDER PENAL CODE 1203.45, MINOR TRAFFIC VIOLATIONS FOR WHICH THE FINE IMPOSED WAS UNDER \$400.00 OR LESS, ANY OFFENSE THAT WAS FINALLY SETTLED IN JUVENILE COURT OR REFERRED TO THE YOUTH AUTHORITY, OR ANY CONVICTION SPECIFIED IN HEALTH & SAFETY CODE SECTION 11361.5 WHICH PERTAINS TO CERTAIN MARIJUANA OFFENSES. PLEASE ANSWER: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES PLEASE EXPLAIN: _____	
(NOTE TO THE APPLICANT: SACRAMENTO COCA-COLA WILL NOT DENY EMPLOYMENT TO ANY APPLICANT SOLELY BECAUSE THE PERSON HAS BEEN CONVICTED OF A CRIME. SACRAMENTO COCA-COLA, HOWEVER, WILL CONSIDER THE NATURE, DATE AND CIRCUMSTANCES OF THE OFFENSE AND WHETHER THE OFFENSE IS RELEVANT TO THE DUTIES OF THE POSITION.)	

EDUCATION AND TRAINING (INCLUDE MILITARY TRAINING)

EDUCATION OR TRAINING FACILITY	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DEGREE OR CERTIFICATION RECEIVED	SUBJECTS STUDIED

SKILLS (ANSWER IF RELEVANT TO THE JOB YOU ARE APPLYING FOR)

DRIVER <input type="checkbox"/> CLASS "A" DRIVER'S LICENSE <input type="checkbox"/> RIDING PALLET JACK <input type="checkbox"/> STANDING PALLET JACK
WAREHOUSE <input type="checkbox"/> SIT DOWN FORK LIFT <input type="checkbox"/> ELECTRIC PALLET JACK
SPECIALIZED CERTIFICATIONS <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> EPA REFRIGERATION <input type="checkbox"/> ELECTRICAL ENGINEERING <input type="checkbox"/> QUALITY ASSURANCE/CONTROL

PLEASE LIST OTHER SKILLS AND EXPERIENCE WHICH MAY BE RELEVANT TO THE POSITION(S) YOU ARE APPLYING FOR:

FORMER EMPLOYERS

(PLEASE LIST ALL EMPLOYERS AND EXPLAIN ANY GAPS IN EMPLOYMENT)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE:	LEAVING DATE:	JOB TITLE:	
RATE OF STARTING PAY	RATE OF ENDING PAY	MAY WE CONTACT YOUR SUPERVISOR?	
CIRCLE: HOURLY, WEEKLY, MONTHLY, YEARLY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
YOUR POSITION/DUTIES:			
REASON FOR LEAVING?			

NAME OF PREVIOUS EMPLOYER:			
ADDRESS		CITY	STATE ZIP
STARTING DATE:	LEAVING DATE:	JOB TITLE:	
RATE OF STARTING PAY	RATE OF ENDING PAY	MAY WE CONTACT YOUR SUPERVISOR?	
CIRCLE: HOURLY, WEEKLY, MONTHLY, YEARLY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
YOUR POSITION/DUTIES:			
REASON FOR LEAVING:			

NAME OF PREVIOUS EMPLOYER:			
ADDRESS		CITY	STATE ZIP
STARTING DATE:	LEAVING DATE:	JOB TITLE:	
RATE OF STARTING PAY	RATE OF ENDING PAY	MAY WE CONTACT YOUR SUPERVISOR?	
CIRCLE: HOURLY, WEEKLY, MONTHLY, YEARLY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
YOUR POSITION/DUTIES:			
REASON FOR LEAVING:			

REFERENCES (PLEASE PROVIDE PROFESSIONAL AND/OR PERSONAL REFERENCES)

NAME	ADDRESS	
COMPANY NAME	OCCUPATION	TELEPHONE NUMBER
RELATIONSHIP	NUMBER OF YEARS KNOWN	

NAME	ADDRESS	
COMPANY NAME	OCCUPATION	TELEPHONE NUMBER
RELATIONSHIP	NUMBER OF YEARS KNOWN	

NAME	ADDRESS	
COMPANY NAME	OCCUPATION	TELEPHONE NUMBER
RELATIONSHIP	NUMBER OF YEARS KNOWN	

ADDITIONAL INFORMATION:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION FORM

I certify that all of the statements made on this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. My signature on the application is my consent and authorization for Sacramento Coca-Cola Bottling Co., Inc., to investigate my references and to make an independent investigation of character, conduct and employment records; including, but not limited to criminal history, identity check and/or fingerprinting. I understand that to be considered for employment with Sacramento Coca-Cola Bottling Co., Inc., I must submit to a urine test for the use of illegal drugs and the abuse of prescription drugs and a breath alcohol test. I hereby consent to such testing and authorize the disclosure of the results thereof to Sacramento Coca-Cola Bottling Co., Inc. I hereby release all employers, schools, or persons from all liability in responding to inquiries in connection with my application. I understand that the information I have provided may be verified, and that failure to provide mandatory information and/or falsification of information may be grounds for disqualification or separation of employment, no matter how much time has elapsed before it is discovered. I understand that should an employment offer be extended to me and accepted that I will fully adhere to policies, rules and regulations of employment of Sacramento Coca-Cola Bottling Co., Inc. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that Sacramento Coca Cola Bottling Co., Inc., is an "At Will" employer and any employment offered is for an indefinite duration and that either I or Sacramento Coca-Cola Bottling Co., Inc., may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date _____

**This application for employment is good for 1 month only.
Consideration for employment after 1 month requires a new application.**

SACRAMENTO COCA-COLA BOTTLING CO., INC. NOTICE TO APPLICANTS

IN COMPLETING THIS APPLICATION FOR EMPLOYMENT, I UNDERSTAND AND AGREE THAT:

1. Sacramento Coca-Cola's acceptance of this completed application does not mean that a position for which I am qualified is open or that the company has agreed to hire me. Sacramento Coca-Cola is under no obligation to hire me for any position as the result of accepting this application.
2. As part of its procedure for processing my application or evaluating me for employment purposes, Sacramento Coca-Cola may obtain an investigative report including information gathered through personal interviews with third parties, such as prior employers, family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. I have the right to make a written request within a reasonable period of time for a completed and accurate disclosure of additional information concerning the nature and scope of the investigation.
3. By signing this application, I authorize Sacramento Coca-Cola to request and obtain the information described above. Further, I release Sacramento Coca-Cola and its agents, employees and officers (collectively "Sacramento Coca-Cola") and all prior employers or references provided by me from any claim or liability what so ever arising out of such request or any information disclosed in response thereto, and I agree not to bring any action or assert any claim against Sacramento Coca-Cola or such prior employer or other reference on account thereof.

IF I AM APPOINTED TO A POSITION OF EMPLOYMENT, I UNDERSTAND AND AGREE THAT:

1. Before commencing my duties, I may be required to produce documentary evidence that I am 18 years or older, and I will be required to produce documentary evidence of my right to work in the United States.
2. Depending on the position applied for, my appointment may be subject to passing a job related medical examination by Sacramento Coca-Cola's designated doctor. My appointment may also be subject to passing a urine test for the use of illegal drugs and the abuse of prescription drugs and a breath alcohol test. I authorize the disclosure of the medical examination and drug test to Sacramento Coca-Cola, which will keep the results confidential.
3. My appointment is subject to Sacramento Coca-Cola's receipt of satisfactory responses from my prior employers and other references, if any.

Signature

Print Name

Date



REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: _____
LAST NAME, FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr. II, III Etc.)

understand that in conjunction with my application for employment, Sacramento Coca-Cola Bottling Co., Inc. may use the services of an outside agency to research and verify the information I have provided on my employment application and/or Resume. This agency will provide a "Consumer Report" to Sacramento Coca-Cola Bottling Co., Inc.. Sacramento Coca-Cola Bottling Co., Inc. uses **Employer's InfoSource, a Consumer Reporting Agency, as defined under provisions of the Federal Fair Credit Reporting Act (FCRA).**

Employer's InfoSource may utilize various sources of information it deems appropriate including but not limited to: credit bureaus, Department of Motor Vehicle records, civil & criminal court records, current and former employers, military records, school records, licensing agencies, public records and professional and personal references.

I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Sacramento Coca-Cola Bottling Co., Inc., and Employer's InfoSource. I unconditionally release and hold harmless Sacramento Coca-Cola Bottling Co., Inc. **Employer's InfoSource**, InfoSource Companies, Inc. and any named or unnamed corporation, company, government agency, custodian of records or informant from any and all liability resulting from furnishing information about me.

I hereby request, authorize and consent to the procurement of an "Investigative Consumer Report" as defined under the Fair Credit Reporting Act 15 U.S.C. 1681. (FCRA). Furthermore, I understand that this report may contain information about my background, mode of living, character, personal characteristics and general reputation. Additionally, I understand that upon proper request, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Sacramento Coca-Cola Bottling Co., Inc.. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: Employer's InfoSource, P.O. Box 939, Vacaville, CA 95696. Phone 1 800-331-6770. Privacy Policy resides at: www.employersinfosource.com

Signed _____ Today's Date _____

Printed Name _____ Position Applied For _____

_____/_____/_____
Social Security Number Date Of Birth Driver's License Number State
Date of Birth Used for I.D. Verification Only

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

California, Minnesota and Oklahoma Residents Only
If a report is prepared, I wish to receive a copy of my Consumer Report mailed to my residence (check one)
Yes No

NOTICE: This form and the text contained herein, is proprietary in nature. No use or modifications to its format or content may be made without the expressed permission of Infosource Companies, Inc.

This Separate Release & Disclosure is required in California when ordering **Consumer Credit Reports**
California Employers Only

CALIFORNIA CONSUMER CREDIT REPORT NOTICE

IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT, WE (Sacramento Coca-Cola) WILL OBTAIN AND REVIEW YOUR CONSUMER CREDIT REPORT FROM THE FOLLOWING CREDIT BUREAU(S): **TRANS UNION CORPORATION**

Your credit report will be obtained and evaluated as permitted under **subdivision (a) of California Labor Code Section 1024.5**. The specific basis for which your credit report will be obtained and evaluated has been identified by one or more boxes indicated with a **check-mark** immediately adjacent to the permissible purpose and/or specific basis as indicated below:

- (Managerial Position) (A Named Signatory of a bank or credit account of an employer.)
- (Authorized to transfer money on behalf of an employer.)
- (Will have access to confidential or proprietary information including a formula, design, pattern, program, device, method, technique, trade secret etc.)
- (Regular access to cash totaling ten thousand dollars or more, per day.)
- (Regular access to bank or credit card account information or social security number or date of birth information.)

BY LAW, YOU HAVE THE RIGHT TO RECEIVE A COPY OF YOUR CREDIT REPORT DIRECTLY FROM THE CREDIT BUREAU FREE OF CHARGE, BY CHECKING THE APPROPRIATE BOX BELOW. YOUR CREDIT REPORT WILL BE MAILED TO YOU BY THE CREDIT BUREAU.

I have read and understand the above notice. I want a free copy of my credit report.

YES NO

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____

DATE: _____

Nothing in this notice constitutes an offer of employment and no inference of any offer or expectation of potential employment should be made based on this credit report disclosure notice.

This form and its design, text and content, is proprietary in nature and addresses statutory disclosure requirements. No use or changes to this form may be made without prior expressed consent of Infosource Companies, Inc.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”).** You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus.** You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous.** See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.**

- **Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need** -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer.** Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.**
- **Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.**

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051