



## EMPLOYMENT APPLICATION

S&D Coffee, Inc. is committed to the principles of Equal Employment Opportunity. It is S&D Coffee's policy to treat all employees and applicants equally without regard to race, religion, creed, color, age, gender, national origin, citizenship, ancestry, physical or mental disability, veterans status, or any other classes protected by applicable Federal, State or local law. Our employment policy governs all aspects of employment, including selection, job assignment, compensation, promotion, discipline, termination and access to benefits and training.

LAST NAME

FIRST NAME

DATE

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**



Please print the answers to all questions. Attach additional sheets if necessary.

PERSONAL

Last Name	First	Middle
Address		
City, State, Zip Code		
Home Telephone (     )	Salary Desired	Date available:
Position Desired		
Have you ever applied for employment or been previously employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes: Month and Year _____ Location _____		
What times are you available for work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift <input type="checkbox"/> Weekends		
How were you referred to S&D Coffee, Inc.?   Referral Sources: <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency <input type="checkbox"/> Internet <input type="checkbox"/> Job Fair <input type="checkbox"/> Other: _____ <input type="checkbox"/> Referral (Name & relationship if employed by S&D Coffee, Inc.) _____		
Driver's License Number _____		
Are you 18 years old or older? _____		
Have you ever been convicted of a misdemeanor or a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify the offense, the date and explain the circumstances:		
Can you, upon hire, submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION

School	Name and Location	Major	No. of Years Completed	Did You Graduate?	Degree or Certificate	G.P.A.
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/ Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No		

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Current Employer	Telephone (     )
	Address	Date Employed From ___ mo / ___ yr To ___ mo / ___ yr
	City, State, Zip Code	Base Salary per hr./yr.
	Name and Job Title of Supervisor	Bonus/Other Compensation
	Job Title and Responsibilities	Reason for Leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>2</b>	Previous Employer	Telephone (     )
	Address	Date Employed From ___ mo / ___ yr To ___ mo / ___ yr
	City, State, Zip Code	Base Salary per hr./yr.
	Name and Job Title of Supervisor	Bonus/Other Compensation
	Job Title and Responsibilities	Reason for Leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3</b>	Previous Employer	Telephone (     )
	Address	Date Employed From ___ mo / ___ yr To ___ mo / ___ yr
	City, State, Zip Code	Base Salary per hr./yr.
	Name and Job Title of Supervisor	Bonus/Other Compensation
	Job Title and Responsibilities	Reason for Leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>4</b>	Previous Employer	Telephone (     )
	Address	Date Employed From ___ mo / ___ yr To ___ mo / ___ yr
	City, State, Zip Code	Base Salary per hr./yr.
	Name and Job Title of Supervisor	Bonus/Other Compensation
	Job Title and Responsibilities	Reason for Leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

## SKILLS/QUALIFICATIONS

Please list other job related training or skills (computer software, office machine or equipment, professional licenses and memberships)

## MILITARY

Did you serve in the U.S. Armed Forces?  Yes  No

If "Yes," in what Branch?

Date Entered

Date Discharged

Grade or Rank at Discharge

Was Discharge Honorable?

Yes  No

Describe any special skills that are related to the position(s) for which you are applying.

## REFERENCES

List three people you have worked with for 3 years or more who can supply information pertaining to your job performance.

Name	Occupation	Phone Number	Position/Title
1.		_____(W) _____(H)	
2.		_____(W) _____(H)	
3.		_____(W) _____(H)	

## APPLICANT STATEMENT

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION AND ANY OTHER PRE-EMPLOYMENT DOCUMENTS (COLLECTIVELY "DOCUMENTS") ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THE DOCUMENTS SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL FACTS CONTAINED IN THE DOCUMENTS. I ALSO AUTHORIZE MY REFERENCES TO GIVE S&D COFFEE, INC. ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY AND ALL PERTINENT INFORMATION THEY MAY HAVE, AND I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO S&D COFFEE, INC.

I UNDERSTAND AND AGREE THAT S&D COFFEE, INC. FOLLOWS AN EMPLOYMENT-AT-WILL POLICY AND, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE FOR ANY REASON WHATSOEVER.

I UNDERSTAND AND AGREE THAT, IF HIRED, I WILL BE REQUIRED TO PROVIDE DOCUMENTATION, IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT, DEMONSTRATING THAT I AM ENTITLED TO WORK IN THE UNITED STATES AS AN EMPLOYEE OF S&D COFFEE, INC.

I UNDERSTAND THAT TO BE CONSIDERED FOR EMPLOYMENT WITH S&D COFFEE, INC. I WILL BE REQUIRED TO PASS A PRE-EMPLOYMENT DRUG SCREENING AND I AUTHORIZE THE DISCLOSURE OF THE RESULTS TO S&D COFFEE, INC.

I HAVE READ, UNDERSTAND AND AGREE WITH THE TERMS AND CONDITIONS STATED ABOVE.

Signature

Date



# DRIVER EMPLOYMENT APPLICATION SUPPLEMENT

(This form is to be completed and returned with the Employment Application.)

(PLEASE PRINT USING BLUE OR BLACK INK)

Name: \_\_\_\_\_  
Last, First, Middle Name, Maiden, Sr./Jr./III

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please answer the following questions as they relate to the current and/or previous employers that you listed on page 2 of the Employment Application:

A. Were you subject to the Federal Motor Carrier Safety Regulations while employed by any of your previous employers? Yes  No   
If yes, please list the employer(s):

\_\_\_\_\_

B. Were any of your jobs designated as a "Safety Sensitive Function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes  No   
If yes, please list the employer(s):

\_\_\_\_\_

List all types of vehicles operated and indicate the years of experience below.


List below your home addresses during the previous three years.

<i>Number &amp; Street Address</i>	<i>City</i>	<i>State</i>	<i>Number of Years</i>

List below any valid Driver's Licenses you now hold or that have been revoked or suspended.

<i>Driver Licenses</i>	<i>State</i>	<i>License No.</i>	<i>Type (Personal, Chauffeur)</i>	<i>Expiration Date</i>	<i>Suspended (Yes or No)</i>

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No

B. Has any license, permit or privilege ever been suspended or revoked? Yes  No

**IF THE ANSWER TO EITHER QUESTION IS YES, ATTACH STATEMENT GIVING DETAILS.**

List below any accidents or violations of motor vehicle laws (other than parking violations) for which you have been convicted during the **past three years**.

<i>Date</i>	<i>Location</i>	<i>Type of Violation</i>	<i>Anyone Injured?</i>	<i>Nature of Conviction</i>	<i>Type of Vehicle Operated</i>

\_\_\_\_\_ Date

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



**REQUEST FOR INFORMATION & RELEASE AUTHORIZATION**  
**(Only for Applicants for positions that require driving a Commercial Motor Vehicle)**

I, \_\_\_\_\_ (full name), hereby authorize S&D Coffee, Inc. to make such investigations and inquiries into my employment history, accident information, drug/alcohol history, personal background and other related matters. I further authorize my previous and/or current employer(s), educational institutions and other persons or entities to release such information as may be required by S&D Coffee, Inc. I hereby release S&D Coffee, Inc., and any of the below mentioned entities from any and all liability related to such investigation. The authorization to release information above complies with Section §391.23, section (h) of the Qualifications for Drivers of the Federal Motor Carrier Safety Regulations. *Due process rights:* I am aware that I have the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that employer to resend the corrected information to the prospective employer; and the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

**\* SECTION TO BE COMPLETED BY HUMAN RESOURCES & CURRENT/PREVIOUS EMPLOYER \***

Dear Employer \_\_\_\_\_:  
 The above mentioned applicant has listed your company as a previous employer and as evidence by the above statement has authorized you to release any information regarding his/her employment with you. We appreciate your time in completing, in confidence, the information requested below. Thank you for your assistance.

**GENERAL EMPLOYMENT INFORMATION**

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
 Position(s) Held: \_\_\_\_\_  
 Did this individual drive a motor vehicle for you?  Yes  No If yes, was this in a Safety Sensitive position?  Yes  No  
 Please indicate the type of vehicle driven:  Straight Truck  Tractor-Semitrailer  Bus  Other: \_\_\_\_\_  
 Reason for leaving your company:  Voluntary Resignation  Discharged  Lay Off Eligible for rehire?  Yes  No

**ACCIDENT INFORMATION**

Check here if there is no accident/safety performance history to report for this applicant.  
 If there is accident/safety performance history to report, complete the following for any accidents included on your accident register §390.15(b) involving the applicant in the three (3) years prior to the application date listed above.

ACCIDENT DATE	LOCATION	NO. OF INJURIES	NO. OF FATALITIES	HAZMAT SPILL (yes or no)

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information.

**DRUG & ALCOHOL HISTORY**

Check here if the driver was not subject to D.O.T. testing requirements while employed by you.  
 In the past three (3) years (please check one):

- Yes  No Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
- Yes  No Has this person had an alcohol test with a breath alcohol concentration of 0.04 or greater?
- Yes  No Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?
- Yes  No Has this person committed other violations of Subpart B of Part 382, or Part 4?
- Yes  No If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP prescribed Rehabilitation Program in your employ, including return-to-duty and follow up test? If yes, please send documentation back with this form.
- Yes  No For a driver who successfully completed a SAP rehabilitation referral and remained in your employ, did the driver subsequently have an alcohol test result of 0.04 or greater, a verified positive test, or refuse to be tested?

Completed By: _____	Title: _____	Date: _____
Print Name: _____	Comments: _____	

**PLEASE FAX THIS FORM TO S&D COFFEE, INC. HUMAN RESOURCES AT (704)785-8061 or (800) 230-7559.**



**INFORMATION VERIFICATION**  
**DISCLOSURE AND AUTHORIZATION**

Please be advised that S&D Coffee, Inc. and its designated agents and representatives ("S&D") may obtain consumer reports about you for employment purposes. Such reports may include, but are not limited to the following areas: verification of social security number; current and previous residences; employment history including all personnel files, educational history, credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records; and any other public records.

I hereby represent that I have read and understand the Disclosure set forth above and that I authorize S&D Coffee, Inc. to obtain the consumer reports referred to herein. I hereby release S&D Coffee, Inc. from any claims, damages, losses, liabilities and expenses arising from the retrieving and reporting of information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number & State of Issue

Current Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Amount of time lived at that address: \_\_\_\_\_

Previous Address:  
(Other than Current)

\_\_\_\_\_  
County: \_\_\_\_\_

Amount of time lived at that address: \_\_\_\_\_



## SELF IDENTIFICATION SURVEY

S&D Coffee, Inc. is an equal employment opportunity and affirmative action employer that does not unlawfully discriminate on the basis of race, religion, sex, color, age, national origin, disability, veteran status, or any other status protected by applicable law.

To help us comply with government reporting and other requirements, please complete this Survey. All completed Surveys are kept in a confidential file, are not part of your application file, and will only be used in accordance with the provisions of applicable federal law. The completion of this Survey is optional, and the inclusion or exclusion of any information on this form will not affect your employment opportunities with the company. Thank you in advance for your assistance.

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Name: \_\_\_\_\_

Job Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Race:

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> White           |
| <input type="checkbox"/> Black                          |  |

Gender:

- Male  
 Female

Veteran:

- |   |  |
|---|--|
| <input type="checkbox"/> Vietnam Era Veteran                                  | <input type="checkbox"/> Other Protected Veteran |
| <input type="checkbox"/> Special Disabled Veteran                             | <input type="checkbox"/> Disabled Individual     |
| <input type="checkbox"/> Recently Separated Veteran , date of discharge _____ |  |

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“Vietnam Era Veteran” refers to a person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) between August 5, 1964 and May 7, 1975 in all other cases. The term also refers to a person who was discharged or released from active duty for a service-connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) between August 5, 1964 and May 7, 1975 in all other cases.

“Special Disabled Veteran” refers to a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap. The term also refers to a person who was discharged or released from active duty because of a service-connected disability.

“Recently Separated Veteran” refers to any veteran during the one-year period beginning on the date of such veteran’s discharge or release from active duty.

“Other Protected Veteran” refers to a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.