



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.

1	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

2	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

3	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

4	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



REQUEST FOR INFORMATION & RELEASE AUTHORIZATION

I, _____ (full name), hereby authorize S&D Coffee, Inc. to make such investigations and inquiries into my employment 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.

Signature

Date

SECTION TO BE COMPLETED BY HUMAN RESOURCES

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 you furnishing the attached requested information. Please fax the information back to us at (704)785-8061.

All information you provide will be held in strictest confidence.

Best Regards,

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.

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 _____ | |

“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.