

Please Read Before Completing Application

Pepsi Midamerica and its branches are equal opportunity employers. All applicants and employees are considered for employment, development, advancement and earnings based upon their skills, performance and potential without regard to race, color, religion, sex, national origin or age.

Statement of Accuracy

I understand that the information I provide in this application must be complete and accurate to the best of my knowledge. I realize that falsification and/or incomplete information may jeopardize my employment now or in the future. Pepsi-Cola or its agents may seek to verify this information and may make inquiries by securing a consumer report concerning my character, general reputation, personal characteristics, and mode of living. I further understand that if this information results in my being dismissed, the nature and scope of these reports will be supplied to me upon my written request.

Signature _____

Date _____

**Please Print in Ink
Personal Data**

Name		Social Security Number		Home Phone	
Address - Street		Town		State	
				Zip Code	
Position Desired		Date Available		Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Relocate ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a U.S. Citizen ?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Visa Type and Number	
Have you been employed by PepsiCo or one of its division ?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please detail with dates	
List any relatives employed by Marion Pepsi Cola					
Emergency Notification	In Emergency, Notify		Relationship		Phone
	Address				
Have you ever applied for employment with us ?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____					

Source

How were you referred?			
<input type="checkbox"/> Classified Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Source or Person			
Please Identify Name of Newspaper, Employment Agency, or Other Source or Person			

U.S. Military Service

Branch	Final Rank	Date Entered	Date Discharged
Service Schools or Special Experience			
Reserve or Guard status		Date Entered	Date Discharged

Education

School Name	City, State	Dates From - To	Major Course of Study	Graduation Month/Year	Degree or Certificate
High School					
College(s)					
Trade School					
Other					
Membership In Professional or Civic Organizations					

Employment

Please list all employers beginning with your present employer

Firm Name	Address	Phone	Dates - From-To
Position Held	Job Skills Required	Supervisor - Name and Title	
Reason for leaving			
Firm Name	Address	Phone	Dates - From-To
Position Held	Job Skills Required	Supervisor - Name and Title	
Reason for leaving			
Firm Name	Address	Phone	Dates - From-To
Position Held	Job Skills Required	Supervisor - Name and Title	
Reason for leaving			
Firm Name	Address	Phone	Dates - From-To
Position Held	Job Skills Required	Supervisor - Name and Title	
Reason for leaving			

Additional Experience

Please list any additional experiences you feel bear upon your skills or professional development.

**ALL APPLICANTS
MUST FILL OUT THIS
PORTION.**

Name _____	Date _____
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License(s)	License Type	State	Expiration Date	Number	
List all current driver's licenses					
	Has your license(s) ever been denied renewal, revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details				
	License Type	Action Taken	Date	Reason	
Experience					
Indicate number of years' experience and types of vehicle (trucks, tractors, semi-trailers, buses, etc.)	Years	Type of vehicle			
Accidents					
Please indicate accidents (company and personal during last three years)	Date	Nature of Accident	Injuries/Fatalities	Liability Cost	
Violations					
List all moving vehicle violations (company and personal) during last three years	Date	Offense	Location	Fines/Determination	
Training					
Please indicate driver safety training programs completed	Date	Location	Course Conducted by		

Department Head _____ Approved

Date _____ Disapproved

Immediate Supervisor _____ Approved

Date _____ Disapproved

Personnel Interviewer _____ Approved

Date _____ Disapproved

Vice Pres. Personnel _____ Approved

Date _____ Disapproved

**PERSONNEL APPROVES THIS APPLICANT
FOR THE FOLLOWING POSITIONS ONLY:**

A. _____

B. _____

C. _____

Position _____

Date Started _____

Pay Rate _____

If Approved: Payroll _____