

G&G

BEVERAGE DISTRIBUTORS, INC.

207 Church Street

P.O. Box 4488

Wallingford, CT 06492

(203) 284-9511



Application for Employment

An Affirmative Action/Equal Opportunity Employer

Position Applying for:

Personal Data

Full Name:

Date of
Application:

E-mail:

Home
Phone:

Cell
Phone:

Other:

Present Address: (Number & Street, City, State, Zip)

Please answer the following:

Are you legally authorized to work in the United States? Yes ☐ No ☐

Will you now or in the future require sponsorship for employment visa status? Yes ☐ No ☐
(e.g. H-1B visa status)

Have you ever worked or attended school under another name? Yes ☐ No ☐

If yes, please provide that name:

Do you have family members currently employed by G&G? Yes ☐ No ☐

If yes, Name and Relationship:

Educational Background

Please list all schools attended (including high school, college, graduate school, or other), “see resume” is not acceptable, however, a resume may be attached.

Name & Address	Graduate Yes/No	Degree	Credit hrs. (if not a graduate)	Major course of study

Employment History

Please list all employment, including part-time employment. Begin with your most recent employer and work backward. If additional space is required, attach a sheet using the same format. Please also explain any gaps in employment.

Present or Most Recent Employer

Name of Employer:

Phone Number:

Address (Street, City, State):

Title of Position:

Supervisor Name and Title:

Employed from (mo., yr.):

Employed to (mo., yr.):

Description of Duties:	
Reason for Leaving:	
Next Previous Employer	
Name of Employer:	
Phone Number:	
Address (Street, City, State):	
Title of Position:	
Supervisor Name and Title:	
Employed from (mo., yr.):	Employed to (mo., yr.):
Description of Duties:	
Reason for Leaving:	
Next Previous Employer	
Name of Employer:	
Phone Number:	
Address (Street, City, State):	
Title of Position:	
Supervisor Name and Title:	
Employed from (mo., yr.):	Employed to (mo., yr.):

Description of Duties:

Reason for Leaving:

Licenses and Professional Certifications

Please list any licenses or certificates you hold which are valid and in good standing, including driver's licenses.

Name or Description	Issued by	Date	Number

Specialized Training or Classes Relevant to Position

If you obtained any specialized training or classes that are relevant to this position, please list. Please use an additional sheet if needed.

Training/Class	Given By and Date of Attendance

Additional Information Reference Authorization

May we contact your present and past employers? Yes ☐ No ☐ (Please explain):

Voluntary: Are you fluent in a language other than English? Yes ☐ No ☐

If Yes, please indicate which language:

Certification/Authorization

I certify that the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations or omissions made by me on this application or any supplement thereto will be sufficient grounds for rejection of this application or discharge after employment.

I give the employer the right to obtain pertinent information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

I also understand that if I'm hired, I will be required to provide proof of identity and legal work authorization.

Applicant's Signature

Date