

**EMPLOYMENT APPLICATION**  
**COLUMBIA SNACKS INC.**  
(PLEASE PRINT ALL INFORMATION)

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Date \_\_\_\_\_

Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
                    First                                      Middle                                      Last

Street Address \_\_\_\_\_ Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Position Applied For \_\_\_\_\_ Salary Expected \_\_\_\_\_

Date Available To Start Work \_\_\_\_\_ Are You Over 18 Years Of Age \_\_\_\_\_

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**EDUCATIONAL BACKGROUND**

High School Attended \_\_\_\_\_ Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

College Attended \_\_\_\_\_ Degree Earned \_\_\_\_\_ Major \_\_\_\_\_

If no degree was earned, how many semester hours were completed? \_\_\_\_\_

List any other special training \_\_\_\_\_

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**CHARACTER REFERENCES**

1) Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

2) Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

3) Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

**EMPLOYMENT HISTORY**

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Dates Of Employment \_\_\_\_\_ Position Held \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Dates Of Employment \_\_\_\_\_ Position Held \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Dates Of Employment \_\_\_\_\_ Position Held \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Dates Of Employment \_\_\_\_\_ Position Held \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**Drivers License #** \_\_\_\_\_ **State Issued** \_\_\_\_\_

List All Violations (Other than parking): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I verify that all of the above information I have supplied is true. I authorize Columbia Snacks Inc. To inquire as to my record of any or all persons and of my former employers. In the event of my employment with Columbia Snacks Inc., I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two weeks prior to the date effective. It is my understanding that the first 90 working days of my employment are probationary, and if my services have not proved satisfactory, my employment may be terminated without prejudice.

\* I agree to provide a medical card as required to operate the necessary vehicle to perform my duties and to keep it current while employed at Columbia Snacks Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE IN THE SPACE BELOW**

Date To Start Work \_\_\_\_\_

NOTES: \_\_\_\_\_

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