



**Cuban Cigar, Inc**  
VENDING SPECIALISTS

# Employment Application

The following information is requested in order to help us make the best possible placement within the Company. All portions of the application pertaining to you must be completed. We appreciate the time you spend in completing the application form. The Company, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, or physical or mental handicap. I recognize and agree that if I am hired my employment is not for any specified period of time and either I or the company may terminate the employment relationship at any time with or without cause, with or without notice.

Position(s) Desired: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Last)	(First)	(Middle Initial)	(Home Phone Number)
Mailing Address	(Number and Street)	(Apartment Number)	(Business Phone Number)
(City)	(State)	(Zip Code)	(Social Security Number)

- Yes  No Are you under 21 years of age?
- Yes  No Are you legally entitled to work in the United States?
- Yes  No Are you available to work overtime if required?
- Yes  No Have you ever been employed by Cuban Cigar or affiliated company? If so, when?
- FT  PT Is full time (FT) or part time (PT) work desired?
- Yes  No Do you have a valid Motor Vehicle Operators license?
- Yes  No Have you ever had your drivers license suspended or revoked?
- Yes  No Have you in the last 3 years had any traffic violations?  
(Persons applying for a Driver's Position will be required to supply a current driving record.)
- Yes  No Have you ever been convicted of a felony? (An affirmative response will not automatically disqualify you from being considered as a candidate for employment.) If "yes", please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Driving Experience:**

Class Of Equipment	Type Of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. Miles (Total)
		From	To	
Straight Truck _____				
Tractor And Semi-Trailer _____				
Tractor -- Two Trailers _____				
Other _____				

Shift Desired \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date Available to Begin Work \_\_\_\_\_

Education: Circle highest level completed: Elementary 1 2 3 4 5 6 7 8 Secondary: 1 2 3 4 College: 1 2 3 4 Post Graduate: 1 2 3 4

School and Location (Include high school, college, U.S. military school, any other, listing most recent first )	Diploma, Degree or Equivalent	Major	Grade Point Average (e.g. 3.2/4.0)

Skills: List any skills, training, military experience or other qualifications, including and volunteer assignments, which you feel are applicable to the type of employment you are seeking. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Experience:** List Present or Most Recent Employer First

<b>Dates Employed</b>		
From _____ To _____	Employer _____	Current Title: _____ Since: _____
<b>Salary</b>	Address _____	Duties: _____
Start _____ Finish _____	City, State _____	_____
<b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor(s) _____	_____
	Phone Number _____	Previous Titles: _____ Dates: _____
	Reason for Leaving _____	_____
	_____	_____
<b>Dates Employed</b>		
From _____ To _____	Employer _____	Current Title: _____ Since: _____
<b>Salary</b>	Address _____	Duties: _____
Start _____ Finish _____	City, State _____	_____
<b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor(s) _____	_____
	Phone Number _____	Previous Titles: _____ Dates: _____
	Reason for Leaving _____	_____
	_____	_____
<b>Dates Employed</b>		
From _____ To _____	Employer _____	Current Title: _____ Since: _____
<b>Salary</b>	Address _____	Duties: _____
Start _____ Finish _____	City, State _____	_____
<b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor(s) _____	_____
	Phone Number _____	Previous Titles: _____ Dates: _____
	Reason for Leaving _____	_____
	_____	_____
<b>Dates Employed</b>		
From _____ To _____	Employer _____	Current Title: _____ Since: _____
<b>Salary</b>	Address _____	Duties: _____
Start _____ Finish _____	City, State _____	_____
<b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor(s) _____	_____
	Phone Number _____	Previous Titles: _____ Dates: _____
	Reason for Leaving _____	_____
	_____	_____

**PLEASE READ CAREFULLY**

I HEREBY STATE THAT INFORMATION GIVEN BY ME IN THE APPLICATION IS TRUE IN ALL RESPECTS. I AUTHORIZE LIABILITY, INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION. I UNDERSTAND THAT IF I AM EMPLOYED AND THE INFORMATION IS FOUND TO BE FALSE IN ANY RESPECT, MY EMPLOYMENT WILL BE TERMINATED.

IF ACCEPTED FOR EMPLOYMENT, I CONSENT TO A PHYSICAL EXAMINATION AND TO A SUBSTANCE ABUSE SCREEN PERFORMED AT THE DISCRETION OF THE COMPANY. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A PHYSICAL EXAMINATION AND SUBSTANCE ABUSE SCREEN.

I HEREBY AUTHORIZE ALL MY PREVIOUS EMPLOYERS, OR REFERENCES, TO FURNISH ANY INFORMATION CONCERNING MY PERSONAL CHARACTER, HABITS OR EMPLOYMENT RECORDS. YOU MAY MAKE INVESTIGATION THROUGH CREDIT AND OTHER INVESTIGATING AGENCIES. I HEREBY RELEASE ALL SUCH PERSONS FROM LIABILITY OR DAMAGES INCURRED AS A RESULT OF INQUIRY & FURNISHING THIS INFORMATION.

DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

**For Personnel Use only**

Interviewed By \_\_\_\_\_ Position \_\_\_\_\_ Date: \_\_\_\_\_