



Thank you for your interest in an employment opportunity with Admiral Beverage Corporation and its affiliated companies. If you are applying for a Sales Center or Corporate Opportunity, print and complete pages 1 through 6. For a position as a Commercial Motor Vehicle Operator, print all pages (1 through 9).

Upon completion of the following application it may be returned to the location nearest to you. If you are applying for a position in a town that you do not live simply mail your completed application to the applicable address below.

Thanks again and best of luck in your career search.

Commander Beverage

310 East 1st Street
Anchorage, Alaska 99501

Admiral Beverage Corporation

2751 North 100 West
Ogden, Utah 84412

Pepsi Cola of Springville

940 North Spring Place
Springville, Utah 84663

Pepsi Cola of Salina

925 South 800 West
Salina, Utah 84654

Pepsi Cola of Vernal

2199 West Highway 40
Vernal, Utah 84078

Pepsi Cola of Logan

710 West 200 South
Logan, Utah 84321

M&M Distributing

531 West 600 North
Salt Lake City, Utah 84116

Old Faithful Beverages

714 West Sunnyside
Idaho Falls, Idaho 83405

Pepsi Cola of Great Falls

1212 15th Street North
Great Falls, Montana 59401

Jackson Hole Distribution

855 snow King Avenue
Jackson, Wyoming 83001

Pepsi Cola of the Black Hills

2720 Creek Drive
Rapid City, South Dakota 57703

Corporate Office

821 Pulliam
Worland, Wyoming 82401

Fremont Beverages, Incorporated of Powell

1150 East South Street
Powell, Wyoming 82435

Wyoming Beverages, Incorporated of Casper

1650 View Drive
Casper, Wyoming 82601

Wyoming Beverages, Incorporated of Cheyenne

5801 Campstool Road
Cheyenne, Wyoming 82007

Wyoming Beverages, Incorporated of Gillette

2201 Boxelder
Gillette, Wyoming 82718

Wyoming Beverages, Incorporated of Sheridan

1619 Commercial Lane
Sheridan, Wyoming 82801

Teton Distributors, Incorporated of Rock Springs

102 Reliance Road
Rock Springs, Wyoming 82902

Teton Distributors, Incorporated of Rawlins

9th & Front Street
Rawlins, Wyoming 82301

Admiral Beverage Corp, of Albuquerque

701 Comanche
Albuquerque, New Mexico 87107

Admiral Beverage Corp, of Santa Fe

7 Paseo De River
Santa Fe, New Mexico 87507

Admiral Beverage Corp, of Farmington

1801 East Broadway
Farmington, New Mexico 87401

Admiral Beverage Corp, of Las Cruces

6000 South Main
Mesilla Park, New Mexico 88047

Admiral Beverage Corp, of Roswell

1018 Atkinson
Roswell, New Mexico 88203

Fremont Beverages, Incorporated of Riverton

1212 Market Street
Riverton, Wyoming 82501

Fremont Beverages, Incorporated of Worland

821 Pulliam
Worland, Wyoming 82401



Application for Employment

Upon receiving an employment offer, a drug test is required before beginning work with this company.

Position(s) Applied For: _____ Date of Application: ____/____/____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other: _____

Name of Source (If Applicable): _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone Number: (____)____-____
Area Code

If necessary, what is the best time to call you at home?..... ____:____ am or pm

May we contact you at work?..... Yes No

If yes, what is your work number and best time to call?.....(____)____-____ ____:____ am or pm
Area Code

If you are under 18, can you furnish a work permit?..... Yes No

Have you filed an application here before?..... Yes No

If yes, please give the date that you applied..... ____/____/____

Have you ever been employed here before?..... Yes No

If yes, give your dates of employment.....From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country?..... Yes No
(Verification of eligibility to work in the U.S. will be required upon employment.)

What date are you available for work..... ____/____/____

Type of employment desired? Full Time Part Time Temporary Seasonal Educational Co-Cp

Are you on lay-off and subject to recall?..... Yes No

Will you relocate if the job requires it?..... Yes No Will you travel if the job requires it?..... Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if it is required?..... Yes No

Have you ever been convicted of a crime?..... Yes No

(Such conviction may be relevant if job related, but does not necessarily bar you from employment.)

If YES, please explain: _____

Do you have a current Driver's License valid for operating a vehicle in the US?..... Yes No

Under what Governmental Authority (state) was the license issued? _____

What is the license class? Class C or D (private passenger vehicles - cars and pickup trucks)

CDL Class A

CDL Class B

If you have a CDL what endorsements do you have? _____

AN EQUAL OPPORTUNITY EMPLOYER (M/F/D)

Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and your job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and your job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and your job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including an explanation of any gaps in your employment):

Skills and Qualifications (summarize any special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company):

Educational Background

A. List the last three (3) schools you attended, *starting with the last one*. B. list the number of years completed. C. indicate the degree or diploma earned, if any. D. indicate your Grade Point Average or Class Rank, and E. list your major and minor field of study (if applicable).

A. School	B. No. of Years Completed	C. Degree Diploma	D. GPA or Class rank	E. Major	E. Minor

References

List the name and telephone number of three (3) business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone	Years Known
	() -	
	() -	
	() -	

List professional, trade, business, or civic associations and any offices you held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List any special accomplishments, publications and awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question of this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

A copy of the company's policy on Application Retention is available upon request prior to completing and submitting the application.

Signature of Applicant: _____ Date: ____/____/____

APPLICANT RELEASE AND AUTHORIZATION FORM

In connection with my application for employment (including contract for services) with you, I understand an investigative consumer report that may contain public record information may be requested. This report may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, past work experience, driving record, workers' compensation claims, prior drug and alcohol test results, credit, bankruptcy proceedings, criminal history, educational background and any other information about me which may reflect upon my potential for employment. I understand this information will be gathered from any individual, organization, entity, federal, state and other agencies, previous employers, references, or other sources that may have knowledge concerning any such items of information. Medical and workers' compensation information will only be requested in compliance with the Americans with Disabilities Act (ADA) and/or any other applicable state laws.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a written request upon proper identification, for the nature and substance of all information in your files on me at the time of my request, including the sources of information. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If employment is declined, I agree to mail my request for such information to you at the address shown below.

I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

I hereby fully release and discharge my prospective employer and their respective affiliate, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to my prospective employer from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

Today's Date: ____/____/____ Signature: _____

Print your full name: _____

**Human Resources Department
Admiral Beverage Corporation
PO Box 18
Worland, Wyoming 82401**

Voluntary Affirmative Action Information

(Completion of information below is voluntary.)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Date: ____/____/____

Position(s) applied for: _____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other: _____

Name of Source (If Applicable): _____

Applicants Name: _____
Last First Middle (Area Code) - Phone

Address: _____
Street City State Zip Code

Voluntary Affirmative Action Information- Applicants and Employees who wish to benefit under the affirmative action plan of Admiral Beverage Corporation, Fremont Beverages, Inc., Admiral Transport Corporation, Wyoming Beverages, Inc., SDK Co., Inc and Teton Distributors, Inc. (The Company) are invited to identify themselves under Executive Order #11246 as amended. This information is voluntarily provided, and it will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Refusal to provide this information will not subject any applicant or employee to any adverse treatment. Information provided regarding Veteran and/or Handicap status will be used with 38 U.S.C. 2012, as amended, the Rehabilitation Act of 1973, as amended, and the regulations at 41 CFR 60-741. Nothing shall preclude employees from informing The Company, at a future time, of a desire to benefit under these programs. Thank you for your time and cooperation.

Check one..... Male Female

Check all of the following Race/Ethnic Groups that apply:

- Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regard less or race.
- White - A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaskan Native - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.

Military Status: (Answer each question)

Are you a **Special Disabled Veteran** of the U.S. military, ground, naval or air service as defined at 41 CFR 61 250.2(b)? Yes No

Are you a **Vietnam Era Veteran** who has served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days between August 5, 1964 and May 7, 1975 and discharged with other than dishonorable discharge as defined at 41 CFR 61 250.2(b)? Yes No

Are you a **Newly Separated Veteran** who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of your discharge or release from active duty? Yes No

Are you an **Other Protected Veteran** who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized as defined at <http://www.opm.gov/veterans/html/vgmedal2.htm>. If yes, please describe if any accommodations in your job have been made. Yes No

**To be completed by applicant - Not for interview purposes - To be filed separately from application.
This information is used to satisfy the Affirmative Action requirements of Section 503 of the
Rehabilitation Act or necessitated by another federal law or regulation.**

COMPLETE THE FOLLOWING
ADDITIONAL PAGES FOR
COMMERCIAL MOTOR VEHICLE
(vehicle with a gross vehicle weight
greater than 10,000 pounds)
OPERATOR POSITIONS.

List states operated in for the last five years: _____

List any additional courses or training that you have received: _____

List any special equipment or technical materials you can work with: _____

Employment History

List your prior employers for the past 10 year period (attach a separate piece of paper if necessary).

Employer	Telephone () -	Dates Employed	
		From	To
Address			
Job Title			
Immediate Supervisor and Title		Reason for Leaving	
Was this position subject to the Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this position designated as a safety sensitive function?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer	Telephone () -	Dates Employed	
		From	To
Address			
Job Title			
Immediate Supervisor and Title		Reason for Leaving	
Was this position subject to the Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this position designated as a safety sensitive function?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer	Telephone () -	Dates Employed	
		From	To
Address			
Job Title			
Immediate Supervisor and Title		Reason for Leaving	
Was this position subject to the Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this position designated as a safety sensitive function?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Application Date: _____

FOR MANAGER USE ONLY:

Business Name: _____ Address: _____
City: _____ State/Zip: _____