

Complete this application for At-Will Employment and then email your resume and cover letter to careers@superiorproductsbev.com or drop off in person.

Please see page 6 for more important information.



Valley Division
110 E County Road 53, Willows, CA 95988
Telephone: (530) 934-4268 – Facsimile: (530) 934-4054
Mountain Division
474-340 Commercial Way, Susanville, CA 96130
Telephone: (530) 257-9103 – Facsimile: (530) 257-9523



APPLICATION FOR AT WILL EMPLOYMENT

SUPERIOR PRODUCTS COMPANY is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

You are not required to answer any question(s) you feel may violate federal, state, and/or local law or which is not related to the position for which you are applying. Please advise us in advance if you need any type of special accommodation to complete this application form or to take any pre-employment test. By completing this application, you are seeking to join a team of hard working professionals who are dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of this Company.

Position(s) Desired: _____

Today's Date: _____

Can you perform the essential functions of these jobs with or without reasonable accommodation? Yes No
(If uncertain, ask for job requirements)

At which Superior Products location are you seeking to work? _____

GENERAL INFORMATION

Name: _____ SSN# _____

Address: _____

City/State: _____

Telephone: (____) _____ Message #: (____) _____

Do you have a valid driver's license? State/License #: _____

Do you have a Class A license? Do you have a Class B license? State? _____

Do you have any moving violations in the past three years? Yes No

If yes please describe: _____

Have you ever applied to, or worked for SUPERIOR PRODUCTS COMPANY? _____

If yes, when? _____

Do you have any friends or relatives working for SUPERIOR PRODUCTS COMPANY? _____

If yes, state name and relationship: _____

How did you hear about this opening? Newspaper Internet Agency Friend Other

State briefly why you would like to work for SUPERIOR PRODUCTS COMPANY:

Are you over eighteen years of age? Yes No

Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? _____

(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

If yes, explain:

Are you able to produce valid identification and proof of legal residence? (Yes) (No)

Are you able to perform the essential functions of the job with or without reasonable accommodations?

Yes _____ No _____

If no, what type of accommodation would enable you to perform the job?

Did you serve in the military? _____ Yes _____ No If yes, Highest Rank, Branch and Service Dates:

How many days of work did you miss last year excluding vacation? _____

Have you failed a pre-employment, random, post-accident, or for-cause drug test within the past two years?

_____ Yes _____ No (If Yes, Please explain: _____)

Have you received a DUI/DWI citation in the past five years?

_____ Yes _____ No (If Yes, Please explain: _____)

Do you have a Non-Competition Agreement that is currently in force?

_____ Yes _____ No (If Yes, Please explain: _____)

Position you are applying for? _____ Full Time or Part Time? _____

If Part time, hours per week desired? _____ Are you available to work on Weekends? _____

Are you available to work holidays? _____ Days of week you are available to work _____

Hours you are available to work: _____ Are you available to be on-call? _____

Are you available to work evenings and nights? _____ Are you available to work overtime? _____

If hired, on what date could you start work? _____

Are you able to travel on company business? _____ % time willing to travel _____

Hourly rate of pay or monthly salary desired: _____

Education and training (Including on-the-job training):

	School/Location/Sponsor	Course of Study	Dates Attended
High School			
Community College			
Trade School			
College/University			
Seminars/Other			

Please list any specific training, skills and experience, as well as licenses and certificates which you feel could be useful:

Special Skills:

Do you speak, write or understand any foreign languages? _____ If Yes, which? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at SUPERIOR PRODUCTS COMPANY? _____ If so, explain in detail below:

Computer Skills? (Include hardware/software used, dates, and proficiency level) _____

EMPLOYMENT HISTORY

Your application will not be considered unless every question in this section is answered. Since we make every effort to contact previous employers, correct phone numbers are critical. Although we encourage you to provide a resume, every question in this section must be filled in.

MOST RECENT EMPLOYER

Are you still working? Yes No

If yes, may we contact them? Yes No

Company Name _____ Telephone _____

Address (Street, City, State, Zip) : _____

Dates Employed: From _____ To _____ Supervisor: _____

Position and Duties: _____

Starting and Ending Rate of Pay: _____

Reason for Leaving: _____

NEXT MOST RECENT EMPLOYER

Are you still working? Yes No

If yes, may we contact them? Yes No

Company Name _____ Telephone _____

Address (Street, City, State, Zip) : _____

Dates Employed: From _____ To _____ Supervisor: _____

Position and Duties: _____

Starting and Ending Rate of Pay: _____

Reason for Leaving: _____

NEXT MOST RECENT EMPLOYER

Company Name _____ Telephone _____

Address (Street, City, State, Zip) : _____

Dates Employed: From _____ To _____ Supervisor: _____

Position and Duties: _____

Starting and Ending Rate of Pay: _____

Reason for Leaving: _____

NEXT MOST RECENT EMPLOYER

Company Name _____ Telephone _____

Address (Street, City, State, Zip) : _____

Dates Employed: From _____ To _____ Supervisor: _____

Position and Duties: _____

Starting and Ending Rate of Pay: _____

Reason for Leaving: _____

REFERENCES: Include only individuals familiar with your work abilities, but not family members.

NAME _____ PHONE NUMBER _____

YEARS KNOWN/RELATIONSHIP _____

NOTES: _____

NAME _____ PHONE NUMBER _____

YEARS KNOWN/RELATIONSHIP _____

NOTES: _____

NAME _____ PHONE NUMBER _____

YEARS KNOWN/RELATIONSHIP _____

NOTES: _____

IMPORTANT INFORMATION TO THE APPLICANT

Pursuant to the Immigration Reform and Control Act of 1986, if you are hired you must produce, within 72 hours, documents which are specified by the Federal Government to establish your identity and authorization for employment in the United States.

Superior Products Company is an Equal Opportunity Employer and does not discriminate in hiring or employment in accordance with the requirements of all applicable local, state and federal laws, on the basis of race, color, creed, sex, national origin, age, veteran status or physical or mental disability unrelated to job requirements.

You are not required to disclose information about physical or mental disabilities to the extent it will not interfere with your performance in the job for which you are applying. However, if you wish the Company to consider arranging reasonable accommodations due to physical or mental disability, you may suggest the kind of accommodation you believe would be appropriate for consideration.

The use, possession, or being under the influence of illegal drugs or alcohol while on Company time is prohibited. In addition, being under the influence of legally prescribed medication that causes either physical or mental impairment of judgment or work performance while on Company time is also prohibited. Applicants are required to pass a drug test before employment. Employees are required to submit to drug and alcohol tests according to the Company's policy.

PLEASE FINISH READING THE NEXT PAGE AND SIGN THE APPLICATION.

Thank you for your interest in Superior Products Company

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. _____(initial)

I hereby authorize Superior Products Company to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Superior Products Company, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____(initial)

I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer. _____(initial)

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Superior Products Company may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment. _____(initial)

I understand that nothing contained in the application or conveyed to me during any interview which may be granted, is intended to create an employment contract, implied or explicit, between me and Superior Products Company. In addition, I understand and agree that if I am employed; my employment relationship with Superior Products Company is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Superior Products Company, and that no promises or representations contrary to the forgoing are binding on Superior Products Company unless made in writing and signed jointly by the President/CEO and myself. _____(initial)

Furthermore, if employed, I agree that any dispute arising out of the termination of our employment relationship shall be resolved pursuant to mandatory binding arbitration at the written request of either Superior Products Company or myself. This agreement provides that such arbitration shall comply with and be governed by the Federal Arbitration Act and that any arbitration award arising from such dispute shall be limited to back pay. _____(initial)

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Superior Products Company benefits, policies and procedures will not alter the at-will and arbitration agreements. _____(initial)

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment. _____(initial)

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California State Driver's License and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be cover by Superior Products Company auto insurance, if required for my position. _____(initial)

My signature below certifies that I have read and understand these complete pages, and agree to the terms and conditions outlined in this document.

Applicant's Signature: _____ Date: _____

Applicant's email address: _____ (optional – used for quicker notification)



Thank you for your interest in

SUPERIOR PRODUCTS COMPANY

Please complete the attached Application for At-Will Employment and email your resume and cover letter to careers@superiorproductsbev.com or drop off in person.

We are pleased to accept your application and will forward immediately to the appropriate hiring manager for review. Due to the volume of applications received we are only able to contact those employees who are selected for an initial interview.

All applications are kept active and on file for 90 days.

Candidates who are selected for employment will receive offers contingent upon completion of the following requirements:

- ~ Passing a pre-employment drug screen and,
- ~ Criminal background check and,
- ~ Presenting the required employment eligibility documentation
- ~ Driving record review, if applicable.

NOTE: Superior Products Company does not accept unsolicited applications or phone calls regarding application status.

Please retain this information page for your records.

Superior Products Company is proud to be an EEO/AA employer.