

| | |
|-------------------------|--------------|
| Last Name : | First Name : |
| Position Applying For : | Date : |

Application for Employment



Corporate Office
1385 Park Center Drive
Vista, California 92081
(760) 560-1111
Fax: (760) 560-0226
jobs@glacierwater.com
Website: www.glacierwater.com

DRUG TESTING NOTICE TO ALL APPLICANTS

This notice is to inform you that Glacier Water Services, Inc promotes a drug-free work environment. If a job offer is extended to you, you will be required to submit to and pass a drug and/or alcohol test for the abuse of illegal substances prior to being hired. Additionally, if you are hired for a safety-sensitive position, you may be subject to random testing, for cause drug/alcohol testing and following a work-related injury, unless an exception applies in your state.

Upon request from any employment applicant, Glacier Water Services, Inc. will provide assistance in the application process without penalty to the applicant requesting assistance.

Application for Employment



Personal Data

| | | | |
|-----------------|------------|---------------|-----|
| Last Name | First Name | | |
| Address | City | State | Zip |
| Telephone [Day] | [Evening] | Email Address | |

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)..... Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?..... Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation ? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for Marijuana related offenses that are more than two years old need not be listed.)..... Yes No

If yes state the nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of 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.)

Are you currently employed?..... Yes No

If so, may we contact your current employer?..... Yes No

Can you travel if a job requires it?..... Yes No

Position Interest

| | | |
|---|-----------------|---|
| Position Desired | Salary Expected | Date Available |
| Schedule <input type="checkbox"/> Reg. Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary | | Overtime Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have relatives or friends working for Glacier?... | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what is their name? | Relationship ? | |
| How were you referred to Glacier? <input type="checkbox"/> Ad <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> School <input type="checkbox"/> Web Site <input type="checkbox"/> Employee, their name is: | | |

Education

| NAME OF SCHOOL AND LOCATION | COURSE MAJOR | DEGREE RECEIVED |
|-----------------------------|--------------|-----------------|
| High School | | |
| College University | | |
| Vocational Business | | |
| Graduate Activity | | |
| Other (Military) | | |

Application for Employment



Employment History (You must complete this section even if attaching a resume. List all periods of employment, unemployment, military service. Use a separate sheet if necessary.)

| | | |
|--|---|---|
| Most Recent Employer | Dates of Employment [Mo./Yr.] From To | Bus. Phone () May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Business Address | City | State Zip |
| Supervisor's Name | Supervisor's Title | Supervisor's Phone () |
| Salary (Base Pay) Start \$ _____ End \$ _____ | Your Title | Reason For Leaving |
| Job Duties | | |

| | | |
|--|---|---|
| Previous Employer | Dates of Employment [Mo./Yr.] From To | Bus. Phone () May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Business Address | City | State Zip |
| Supervisor's Name | Supervisor's Title | Supervisor's Phone () |
| Salary (Base Pay) Start \$ _____ End \$ _____ | Your Title | Reason For Leaving |
| Job Duties | | |

| | | |
|--|---|---|
| Previous Employer | Dates of Employment [Mo./Yr.] From To | Bus. Phone () May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Business Address | City | State Zip |
| Supervisor's Name | Supervisor's Title | Supervisor's Phone () |
| Salary (Base Pay) Start \$ _____ End \$ _____ | Your Title | Reason For Leaving |
| Job Duties | | |

| | | |
|--|---|---|
| Previous Employer | Dates of Employment [Mo./Yr.] From To | Bus. Phone () May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Business Address | City | State Zip |
| Supervisor's Name | Supervisor's Title | Supervisor's Phone () |
| Salary (Base Pay) Start \$ _____ End \$ _____ | Your Title | Reason For Leaving |
| Job Duties | | |

Application for Employment



Job-Related Skills

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? If yes, which languages?

If the job requires, do you have the appropriate valid driver's license? Yes No
 DL#: _____ Type: _____ State of Issue: _____

Have you had any moving violations in the last five years? Yes No
 If yes, please describe: _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company (*computer skills, software*).

References

Please list names, business addresses and phone numbers of people who are familiar with your work experience and technical competence, in the field for which you are applying, and whom we may contact for checking work references and for academic records.

| NAME | BUSINESS ADDRESS | TITLE | BUS. PHONE |
|------|------------------|-------|------------|
| | | | |
| | | | |
| | | | |

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials 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 of material fact on this application or on any document 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.

Initials I hereby authorize Glacier Water Services, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my 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.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Glacier Water designated representative.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

Initials I waive receipt of a copy of any public record described in the paragraph above.

Initials If employed, I agree that upon termination of my employment, I will return all Glacier property and records in my possession.

Initials If employed, I agree to read and comply with Glacier rules, regulations, and policies.

Signature _____ *Date* _____