



AMERICAN BEVERAGE COMPANY, SARL

Headquarters Company at Idenau

P.O. BOX 930 Limbe, Cameroon

Email: *Apply@ambevco.com*

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Position applying for: _____

PLEASE NOTE:

It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

NAME AND ADDRESS							
Name (First, Middle, Last) :				Social Security number, or National Identity card/ Passport number:			
Mailing Address :							
City, State and Zip Code :							
Telephone :				Alternative Phone :			
If under 18, please list age				Email			
JOB TYPE							
Days/ hours available to work							
No preference <input type="checkbox"/>	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Frei <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
I am seeking a : <input type="checkbox"/>		Full-time job <input type="checkbox"/>		Part-time job <input type="checkbox"/>		Temporary <input type="checkbox"/>	

How many hours can you work weekly ?	Can you work nights ? <input type="radio"/> YES <input type="radio"/> NO	Date available to begin
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ADDITIONAL INFORMATION

Have you ever been employed by this company in the past?	<input type="radio"/> Yes	<input type="radio"/> No
I certify that I am Cameroonian or U.S citizen, permanent resident, foreign national with an authorization to work in Cameroon.	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been convicted of, or entered a plea of guilty, or contest, or had a withheld judgment to a felony?	<input type="radio"/> Yes	<input type="radio"/> No
If Yes, please explain :		
Do you have a driver's license? <input type="radio"/> Yes <input type="radio"/> No	Driver license number :	Issued in what State or Province?
Have you had any accidents during the past three years? <input type="radio"/> Yes <input type="radio"/> No	How many ?	
Have you had any moving violations during the past three years? <input type="radio"/> Yes <input type="radio"/> No	How many ?	

EDUCATION

School	Location (Mailing address)	Year Completed	Major	Degree or Diploma
High School				
College or Business/ Trade School				

MILITARY

Have you ever been in the Armed Forces?	<input type="radio"/> Yes	<input type="radio"/> No	Date entered
Are you now a member of the National Guard?	<input type="radio"/> Yes	<input type="radio"/> No	Discharge date
Specialty:	Special Training		

EXPERIENCE

**Please list ALL work experience beginning with your most recent job held.
Attach additional sheets if necessary.**

WORK EXPERIENCE 1

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State and Zip Code	Ende Date	Final Salary
Phone number	Your last job title	
Reason for the leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. (Attach resume if necessary)		
May we contact this employer? Yes <input type="radio"/> No <input type="radio"/>		
If "No" Why?		

WORK EXPERIENCE 2

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State and Zip Code	<i>Ende Date</i>	Final Salary
Phone number	Your last job title	
Reason for the leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. (Attach resume if necessary)		
May we contact this employer? <p style="text-align: center;">Yes <input type="radio"/> No <input type="radio"/></p>		
If "No" Why?		

WORK EXPERIENCE 3

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State and Zip Code	Ende Date	Final Salary
Phone number	Your last job title	
Reason for the leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. (Attach resume if necessary)		
May we contact this employer? Yes <input type="radio"/> No <input type="radio"/>		
If "No" Why?		

REFERENCES

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

3.

4.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature.

Date