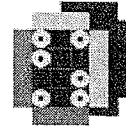


APPLICATION FOR EMPLOYMENT



**STANDARD BEVERAGE
CORPORATION**

Please read before filling out this application.

This employer does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, ancestry, disability or veteran's status. Qualified disabled individuals will be given reasonable accommodations for employment and advancement unless such an accommodation would impose an undue hardship on the conduct of the employer's business. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, the corporation or any of its affiliates and subsidiaries may request that an investigative consumer report be prepared; which may include information as to your character, general reputation, criminal record, and personal characteristics as provided by the Fair Credit Reporting Act of 1970 and as amended in 1996. You have the right to request that the company completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the local Human Resources Department of this company within a reasonable time after you complete this application. Should employment be denied as a direct result of information contained in such an investigative consumer report, you will be advised as to the name and address of the consumer reporting agency supplying the report. You should contact such agency for any further information you desire.

I authorize and direct Standard Beverage Corporation, to make whatever inquiries it deems necessary or desirable, and to contact consumer reporting agencies or other persons, and to secure consumer reports or investigate consumer reports in connection with my application for employment. I further authorize and direct any person of consumer reporting agency to participate in and make such inquiries at the request of such corporation of its affiliates and subsidiaries, and to compile and furnish any information it may have or obtain in response to such inquiries.

Signature: _____

Date: _____

Please answer every question. Use **ink**. Please **print**.

Social Security No. _____
(Please check your card for correct #)

Name _____ Date _____
First Middle Last

Business Number _____

Address _____ Home Number _____

City _____ State _____ Zip Code _____ Length of Time
at this Address _____

List previous addresses within the United States, except Military, if address changed during the past 5 years.

Address _____ City _____ State _____ Zip Code _____ From (date) _____ To _____

Address _____ City _____ State _____ Zip Code _____ From (date) _____ To _____

Address _____ City _____ State _____ Zip Code _____ From (date) _____ To _____

From here on, please write or print in your normal style (manner). If you would like to request a reasonable accommodation to complete this form, please contact a Human Resources Representative.

Type of work desired _____ Salary requirements _____

How were you referred to us? _____ Date available for work _____

Hours available for work _____

The family relationship (through marriage or by blood) of job applicant to directors, officers, and employees of this company must be considered prior to a decision to employ.

Do you presently have relatives working for this company? Yes () No ()

Are you at least 18 years of age? Yes () No ()

Are you legally authorized by the U.S. Secretary of Labor to work in this country? Yes () No ()

Standard Beverage Corporation does have a written attendance policy that is strictly administered. Absences considered to be in excess of policy will be reviewed for compliance. Is there any reason you would have difficulty complying with the corporation's attendance policy?

Yes () No () If yes, please explain: _____

Employment Record

Have you been employed previously by Standard Beverage Corporation? Yes () No ()

Have you ever applied here before? Yes () No ()

Have you ever been convicted of a criminal offense or other illegal activity? Yes () No () If yes, please explain. (A conviction will not necessarily disqualify you from employment.) _____

TO BE COMPLETED BY ALCOHOL SALES APPLICANTS ONLY:

Have you been convicted of or plead guilty to a morals charge? Yes () No ()

(Prostitution; procuring any person; solicitation of a child under 18 for immoral act involving sex; possession or sales of narcotics; marijuana; amphetamines or barbiturates; rape; incest; gambling; adultery; bigamy)

Have you had any alcoholic liquor or cereal malt beverage license or permit revoked or denied under the laws of Kansas or any other State, or the United States? Yes () No ()

Do you appoint or supervise a law enforcement officer or are you a law enforcement officer? Yes () No ()

Do you have an ownership interest in any other business licensed to sell alcoholic liquor or cereal malt beverage in Kansas or any other State? Yes () No ()

Starting with present or most recent, list all previous employers. Include self-employment, summer and part-time jobs. If you worked under a name other than shown on the front of this application, please inform the interviewer as to what name this corporation should use when making previous employment verification inquiries.

Name and Address of Former Employer		Dates Employed		Position and Duties	Salary		Please explain why you left your former position
Company Name	Address Telephone.	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
Company Name	Address Telephone.	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
Immediate Supervisor							
City and State	Zip						
Company Name	Address Telephone.	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
Immediate Supervisor							
City and State	Zip						
Company Name	Address Telephone.	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
Immediate Supervisor							
City and State	Zip						
Company Name	Address Telephone.	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
Immediate Supervisor							
City and State	Zip						

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? Yes () No ()

Unemployment Record

From		To		Please explain why you were unemployed.
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

TO BE COMPLETED BY APPLICANTS FOR DRIVER POSITIONS ONLY

Driver Experience & Qualification - Required by Dept. of Transportation

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2))
(month/day/year)

Social Security No. _____ - _____ - _____

Licenses

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement (s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "Yes to A, B, or C attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Date		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers - LVC's				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

Education

Name	Address	City	State	Major Course of Subject	Circle last year completed	If graduated, please provide a copy of transcript	GPA/ Degree
High School, GED or Preparatory					1 2 3 4		
Business Trade or Vocational/Technical School					1 2 3 4		
College					1 2 3 4		
Graduate Work					1 2 3 4		

List scholastic honors, offices held, and activities in high school (if applicable): _____

List scholastic honors, offices held, and activities in college (if applicable): _____

If you did not graduate, do you wish to explain your reason for leaving school or college? _____

Are you planning to pursue further studies? Yes () No () Day School () Night School ()
 If so, when, where, and what courses? _____

General Information

Use the space below to describe your occupational interest and the skills and aptitude that qualify you for a position. (You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting, and the like.) If you need more space, please continue on a separate sheet of paper.

Please read before signing. If you have any questions or concerns regarding any of these statements, please express them to the employment interviewer before signing.

Contingent upon my employment with Standard Beverage Corporation, I agree to comply with all rules and regulations as set forth in the employer's policy manual, which is not contractual and may be unilaterally changed by the employer at anytime, or other communications distributed to all employees. I also understand that following any offer of employment that such employment is conditional upon a favorable health evaluation administered for designated positions uniformly for this job. Such health evaluation may include a physical examination, a drug test and/or completion of a health evaluation form, to which I hereby consent. The results of the tests will remain confidential with limited, but necessary exceptions.

I am aware that the Immigration Reform and Control Act of 1986 provides that the employers must verify, on a form provided by the Attorney General, that anyone hired is not an "unauthorized alien." As a condition of employment, I agree to supply whatever documentation may be required to establish my citizenship or verify that I am authorized by the Secretary of Labor to work in this country.

I understand that in the absence of a written agreement to the contrary, my status, if employed, will be that of an employee at will, with no contractual rights, expressed or implied. In consideration of my employment, I specifically agree that my employment may be terminated with or without cause, with or without notice, at any time, at the option of either the employer or myself.

I further understand that no director, officer or employee of Standard Beverage Corporation, has any authority to state, suggest or imply that I have an employment contract for other than an indefinite period of time. Promotions, performance evaluations, salary increases, merit raises, and/or the statement of my salary in other than hourly or weekly rates does not define my period or length of employment. In other words, I do not have any continuing expectancy of employment for any period of time, definite or indefinite, should a job offer be extended and accepted.

I hereby acknowledge that I have read the above statements and understand the same. I certify that all statements made by me on this application are true and complete. I understand that falsification of any information contained in this application or omission of any information requested in this application will be reason for termination or rejection of this application. My answers to optional disclosures were given voluntarily, and I understand that the corporation will not use those answers to discriminate against me.

Signature: _____

Date: _____

(This application is valid for 90 days after the above date)

Date of Hire _____

For Employer's Use Only

TO BE COMPLETED DURING INTERVIEW:

Now that you have been informed about the requirements of the job for which you are applying, are you capable of performing in a reasonable manner the essential functions involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES _____ NO _____
(Please Initial)

(To be completed after applicant is hired)

Date Employed _____

Department _____

Job Title _____ Work Schedule (Hrs., days, etc.) _____

Starting Rate \$ _____ per _____

Replacement () _____ Addition to Staff () _____

Comments: _____

(To be completed if applicant is refused employment)

Was applicant rejected in whole or in part based on an investigative consumer report? Yes () No ()

If yes, was/were the name(s) and address(es) of the consumer reporting agency(ies) supplied to applicant? Yes () No ()

Date supplied _____ Initials _____ Attach a copy of such notice to this application _____

(To be completed if applicant requests)

Was a written request by applicant for a disclosure of the nature and scope of the investigative consumer report received by the employer? Yes () No ()

If yes, was such disclosure made in writing to applicant not later than 5 days after the date of which the request was first received or 5 days after the employer first requested the report? Yes () No ()

Date supplied _____ Initials _____ Attach a copy to this application _____