

# J. Lewis Cooper Co.

Wholesale Distributor of Fine Wine & Spirits Since 1946



## DISCLAIMER

I, \_\_\_\_\_, certify that the information contained in my electronically submitted application is correct to the best of my knowledge and I understand that falsification of this information is grounds for dismissal according to J. Lewis Cooper Co. policy. I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you. In consideration of employment, I agree to conform to the rules of J. Lewis Cooper Co., and my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime at the option of either the company or myself. I understand that no one other than:

**J. LEWIS COOPER, JR., CHAIRMAN,**

has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Applicant's Signature

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fax to:** 313-791-5913

**Mail to:**

ATTN: Personnel  
J. Lewis Cooper Co.  
3101 Gulley Rd., Suite I  
Dearborn, MI 48124-4406

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## DRIVER'S CHECK



### *DRIVING RECORD INQUIRY AUTHORIZATION*

The personal information requested is needed solely for identification purposes. It will not be considered in making any decision relating to your hiring or employment. Of course, the results of the inquiry into your **DRIVING RECORD** will be a factor in the company's hiring decision.

(Please Print Clearly)

Full Legal Name

Driver's License Number

Street Address

City, State Zip Code

Date of Birth

I hereby authorize J. LEWIS COOPER CO. to run a Driving Record Inquiry. I understand that this information will remain confidential and will be used strictly for hiring/promotion decisions and for periodic checks throughout my employment with J. LEWIS COOPER CO. I understand that my employment may be terminated as a result of excessive point accumulation and/or suspension of my driver's license.

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Applicant's Signature

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## CREDIT CHECK

TO THE APPLICANT:

The personal information requested is needed solely for identification purposes. It will not be considered in making any decision relating to your hiring or employment. Of course, the results of the inquiry into your **CREDIT HISTORY** will be a factor in the company's hiring decision.

Please PRINT the information requested.

(PLEASE PRINT CLEARLY)

Full Legal Name

Social Security Number

Date of Birth

Street Address

City, State, Zip Code

Phone Number

(Include Area Code)

I hereby authorize J. LEWIS COOPER CO. to run a Credit Check. I understand that this information will remain confidential and will be used strictly for hiring/promotion decisions.

DATE: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_  
Applicant's Signature

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## CRIMINAL HISTORY

As a prospective employee of the J. LEWIS COOPER CO., I understand that it is this company's policy to secure a Conviction History as part of their pre-employment screening process using the information provided below.

The personal information requested is needed solely for identification purposes. It will not be considered in making any decision relating to your hiring or employment. Of course, the results of the inquiry into your **CRIMINAL HISTORY** will be a factor in the company's hiring decision.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden Name/Names Previously Used:

\_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

I understand that the above information is requested by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize the J. LEWIS COOPER CO. to utilize the above information for the sole purpose of obtaining a conviction only Criminal History file search.

\_\_\_\_\_  
Applicant's Signature

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Signature

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