

Saddle Mountain Brewing Company
Employment Application

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address City State Zip

Phone #: _____ Email: _____

Date of Birth: _____ Social Security #: _____ Desired Salary: _____

FT? PT? Position Applied for: _____ Date Available? _____
Circle One. (Be specific; do not write "any".)

Are you a citizen of the United States? ____ If no, are you authorized with proof to work in the U.S.? Yes ____ No ____

Have you ever worked for this company? ____ If yes, when? _____

Have you ever been convicted of a felony? ____ If yes, explain. _____

We do not permit smoking on duty. Are you willing to comply? Yes ____ No ____

Up to 50 lbs. of lifting several times a day is an essential function of the kitchen and brewery positions.

Are you willing and able to comply with the requirement? Yes ____ No ____

Being on your feet for 6-9 hours at a time is a requirement in the dining room, kitchen, and brewery positions.

Are you willing and able to comply with this requirement? Yes ____ No ____

High School: _____ Address: _____

Dates From: _____ To: _____ Did you graduate? Yes ____ No ____ Diploma: _____

College: _____ Address: _____

Dates From: _____ To: _____ Did you graduate? Yes ____ No ____ Diploma: _____

Other: _____ Address: _____

Dates From: _____ To: _____ Did you graduate? Yes ____ No ____ Diploma: _____

Professional Reference #1: _____ Relationship: _____

Company: _____ Phone #: _____

Professional Reference #2: _____ Relationship: _____

Company: _____ Phone #: _____

Professional Reference #3: _____ Relationship: _____

Company: _____ Phone #: _____

Previous Employer: _____ Phone #: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes ____ No ____

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Previous Employer: _____ Phone #: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes _____ No _____

Previous Employer: _____ Phone #: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes _____ No _____

Military Service? Yes _____ No _____ If Yes, Branch? _____ Rank at Discharge? _____
Type of Discharge? _____ If other than Honorable, explain: _____

PLEASE READ CAREFULLY, THEN SIGN AND DATE BELOW:

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, I understand, and I agree to the above.

Signature: _____ Date: _____

I am available to work the following days and times:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:							
TO:							

Notes: _____

Please call me in for extra shifts? Yes _____ No _____