

Four Leaf Brewing

Employment Application

Application Date: MM/DD/YYYY	
Applicant's Name in Full (Last, First, Middle):	
Is any information relative to a different name necessary to check work records?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Street Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Email Address: _____
Can you, after being hired, submit proof of U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are not a U.S. citizen, have you the legal right to work for an employer in the U.S. with or without sponsorship? <input type="checkbox"/> Yes <input type="checkbox"/> No

General Information

Starting Salary Expected: \$ _____	When will you be available for work? MM/DD/YYYY
Have you ever been dismissed from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: _____
Have you ever been convicted of a felony? <small>Four Leaf Brewing reserves the right to conduct a criminal background check.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: _____

Education

	Name and Location of School	Circle last year attended	Diploma/Degree received?	Major/Minor
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
Additional Training		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have a certification or are registered in a profession or trade, please indicated the following:	License or registry no.: _____	Profession or Trade: _____	Expiration Date: MM/DD/YYYY	

Employment History List most recent employment first.

Employer Name:	Dates employed:
Address:	City, State Zip:
Position held:	Hourly rate or salary:
Duties:	
Supervisor Name:	Phone Number:
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name:	Dates employed:
Address:	City, State Zip:
Position held:	Hourly rate or salary:
Duties:	

Supervisor Name:	Phone Number:
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:	Dates employed:
Address:	City, State Zip:
Position held:	Hourly rate or salary:
Duties:	
Supervisor Name:	Phone Number:
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

References *List 3 work-related references, non-relatives. Letters of recommendation may also be attached.*

Name:	Phone:	Occupation/Title:
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I hereby release from liability all representatives of FOUR LEAF BREWING and its staff for their acts performed in good faith and without malice in connection with evaluating my application and credentials and qualifications, and I hereby release from any liability all individuals and organizations who provide information to FOUR LEAF BREWING or its staff in good faith and without malice concerning my professional competence, ethics, character and I hereby consent to the release of such information. I further understand that should any of the information contained in this application be incomplete, inaccurate, or untrue, any offer of employment or employment by FOUR LEAF BREWING here may be cancelled or withdrawn, or be sufficient cause for dismissal.

Applicant's Signature: _____ Date: _____

The information in this application is confidential. FOUR LEAF BREWING is an equal opportunity employer.

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CONDITIONS FOR EMPLOYMENT

In the event that I am employed, I agree to follow the rules and regulations of FOUR LEAF BREWING. I understand that my employment is at will, that the terms and conditions of my employment can be changed at the FOUR LEAF BREWING option, and that my employment can be terminated with or without cause, at any time, for any or no reason, at the option of the company or myself.

Signature

Date