



EST. 1996

Arcadia Brewing Company
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

PERSONAL INFORMATION *Incomplete information could disqualify you from further consideration.*

Name _____

Date _____

Address _____

E-mail Address _____

Home Phone # _____

Cell Phone # _____

Are you eligible to work in the U.S?	Yes	No
Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)	Yes	No
Have you ever been terminated from employment or asked to resign by an employer?	Yes	No

If yes, please provide company name and details: _____

Can you work any shift?	Yes	No
Can you work overtime, including weekends?	Yes	No
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?	Yes	No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed?	Yes	No
If so may we inquire of your present employer?	Yes	No
Have you ever been convicted of a felony?	Yes	NO

Explain: _____

How did you hear about us? Walk In Advertisement _____ Referral _____ Other _____

Have you ever worked for this company before? Yes No

Explain: _____

Do you know anyone who works for our company? Yes No

If yes, who? _____

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Employer Name: _____
Employer Address: _____
Employer Phone #: _____
Job Title: _____
Duties: _____
From: _____ To: _____
Beginning Salary: _____ Annual Hourly
Ending Salary: _____ Annual Hourly
Immediate Supervisor: _____
Reason for Leaving: _____

Employer Name: _____
Employer Address: _____
Employer Phone #: _____
Job Title: _____
Duties: _____
From: _____ To: _____
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Ending Salary: _____ Annual Hourly
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Employer Address: _____
Employer Phone #: _____
Job Title: _____
Duties: _____
From: _____ To: _____
Beginning Salary: _____ Annual Hourly
Ending Salary: _____ Annual Hourly
Immediate Supervisor: _____
Reason for Leaving: _____

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for?

If yes, explain: _____

Computer Skills (please describe):

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address Phone Email	Company	Years Known
1			
2			
3			

Please read carefully before signing.

Arcadia Brewing Company is an equal opportunity employer. Arcadia Brewing Company does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Arcadia Brewing Company to hire me. If I am hired, I understand that either Arcadia Brewing Company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Arcadia Brewing Company has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Arcadia Brewing Company true and complete information on this application. No requested information has been concealed. I authorize Arcadia Brewing Company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____

Date: _____

THIS APPLICATION IS VALID ONLY FOR 1 YEAR FROM THE DATE SIGNED/DATED ABOVE.