



Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO NATTY GREENE'S BREWING CO. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SCHEDULE AVAILABILITY (MARK DAYS/TIMES)		
MON AM / PM TUES AM / PM WED AM / PM THURS AM / PM FRI AM / PM SAT AM / PM SUN AM / PM		

EDUCATION HISTORY

	NAME & LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING / SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

CONTINUED ON OTHER SIDE

FORMER EMPLOYERS LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST

DATE: MONTH & YEAR	NAME & PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

REFERENCES GIVE BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE NUMBER, EMAIL ADDRESS	BUSINESS ADDRESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ **SIGNATURE** _____

_____ **Do Not Write Below This Line** _____

INTERVIEWED BY _____ **DATE** _____

REMARKS _____

HIRED _____ **POSITION** _____ **START DATE** _____

APPROVED: 1. _____ **2.** _____
 EMPLOYMENT MANAGER GENERAL MANAGER