

## **Rockyard Brewing Co.** Application for Employment

## Pre-Employment Questionnaire

We Are an Equal Opportunity Employer

		Date:								
Last Name	Firs	t Name	ne Middle Initial		Social Security		al Security Number			
Address	Address City, State			Zip Code			Phone Number			
71441035	Ony	, state Zip Code		oode						
WORK EXPERIENCE - LIST MOST RECENT JOB FIRST										
From	Employer's Name	/Address/Telephone		Start Pay Position						
То			Last Pay		Reason for Leaving		for Leaving			
Describe the Work You Did										
From	Employer's Name	e/Address/Telephone		Start Pay		Position				
То				Last Pay	1	Reason for Leaving				
Describe the Work You Did										
From Employer's Name		e/Address/Telephone		Start Pay		Position				
То				Last Pay	.ast Pay Rea		ason for Leaving			
Describe the Work You Did	Describe the Work You Did									
EDUCATION										
SCHOOL	SCHOOL			YEARS ATTENDED	DID YOU GRADUATE?		SUBJECTS STUDIED			
High School				ATTENDED	GIULDOAL					
College										
Trade, Business or other										
GENERAL INFORMATION										
What position are you applying for?   Full Time   Part Time										
When are you available to start work? Are you willing to work overtime? Yes No										

Are you currently employed? Yes No   If so, may we inquire of your present employer? Yes No   Are you at least 18 years old? Yes No   If not, can you provide a valid Work Permit, high school diploma, or equivalent? Yes No   What languages do you speak, read, or write fluently?   Can you verify that you have the legal right to work in the United States? Yes No   Do you have any special skills, training, or experience which may help you qualify for this job? Yes No   If so, please explain.   Do you have a reliable means of transportation to get to work? Yes No   Do you have any physical or mental conditions that would limit your ability to do this job? Yes No   If so, please explain.   Do any of your relatives work for this company? Yes No   If so, who?   Have you ever worked for this company before? Yes No   If so, when?										
REFERENCES – People not related to you, whom you have known for at least one year										
NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN						
	CERTIFICATION AND ACKNOWLEDGMENT									
I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination. I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release the company, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure. I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement. Applicant's Signature Date										