



RESURGENCE BREWING CO.

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Resurgence Brewing Company's policy prohibits discrimination on the basis of race, color, religion, sex, national origin, age, creed, marital status, sexual orientation, genetic predisposition, carrier status, military service, veteran status, physical or mental handicap or disability, arrest/conviction status or other legally protected status in accordance with all applicable federal and state laws.

Please print clearly and complete all information requested. Date: _____

Name: _____

Address: _____ City: _____ Zip: _____

Telephone #: _____ Cell#: _____

Email Address: _____ Position Applied For: _____

Full or Part Time: _____ Salary Range Desired: _____

Date available for work: _____ If under age 18, do you have a work permit? Yes

No

If you are not a United States Citizen, do you have the legal right to work in the United States? Yes No

Please explain any disability you have which would substantially interfere with you ability to perform the essential functions of the job from which you have applied? _____

List the names of any relatives employed by Resurgence Brewing Company: _____

How were you referred to Resurgence Brewing Company? _____

In case of emergency, notify: Name: _____

Address: _____

Telephone Number: _____

EDUCATIONAL BACKGROUND

	SCHOOL NAME	MAJOR	DEGREE?	
			YES	NO
HIGH SCHOOL				
COLLEGE				
GRADUATE				
OTHER				
PROFESSIONAL LICENSE OR CERTIFICATION				

EMPLOYMENT BACKGROUND (List the names of all your employers starting with current or most recent.)

Company Name:	Dates Employed:
Address:	Salary Starting: Ending:
Job Title:	Telephone #:
Name of Supervisor:	Reason for Leaving:
Company Name:	Dates Employed:
Address:	Salary Starting: Ending:
Job Title:	Telephone #:
Name of Supervisor:	Reason for Leaving:
Company Name:	Dates Employed:
Address:	Salary Starting: Ending:
Job Title:	Telephone #:
Name of Supervisor:	Reason for Leaving:

REFERENCES: (Please provide the name, address and telephone number of three references who are qualified to evaluate your capabilities and who are not related to you.)

NAME	ADDRESS	TELEPHONE #

AVAILABILITY: (If you are not available to work a certain day please put an X in that time slot.)

DAY:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIME:							

APPLICANT'S STATEMENT

I understand that if I am employed, employment is at-will and may be terminated at any time without cause or notice. A routine inquiry may be made which will provide information concerning your job background and qualifications for available positions. Upon written request, information as to the nature and scope of the report, if one is provided, will be made available to you.

I certify the information I have given is accurate and complete to the best of my knowledge. I authorize you to process my application. I further understand that if I am employed, any misrepresentation of facts on this application is sufficient cause for dismissal.

Signed: _____

Date: _____