## APPLICATION FOR EMPLOYMENT Spartan Brewpub

Spartan Brewpub is an equal opportunity employer and does not discriminate against otherwise qualified applicants based on race, color, creed, religion, ancestry, age, sex, marital status, national origin, non-job related disability or handicap, or veteran status.

PERSON	AL:						
Name					Date		
Last		F	First Middle		Iiddle		
Address _							
Phone Number			Position Sought		]	Full Time _	Part Time
			G.	1 /II 1 D	D : 1		
				ılary/Hourly Pay			
	Days a	and Hours Availal	ole:(If employed, not	ification must be provided	l in writing should availa	bility change.)	
Day							Saturday
From:	Days a	and Hours Availal	ole:(If employed, not	ification must be provided	l in writing should availa	bility change.)	
	Days a	and Hours Availal	ole:(If employed, not	ification must be provided	l in writing should availa	bility change.)	

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				
other Professional Me	emberships or			
color, creed, sex, re	ose membership in professional organ ligion, national origin, ancestry, age, protected s	disability, marital		0
Have you ever worke	d for this Company before? YES [ ]	NO [ ]		
C 1 0	When? (Give dates)	Job 7	Γitle:	
f yes, where?	vv nen : (Give dates)			

## **EMPLOYMENT:** List last employer first, including U.S. Military Service. May we contact your present employer? \_\_\_\_ Yes \_\_\_ No If any employment was under a different name, indicate name\_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_ Telephone Position Dates of Employment: From To Mo/Yr Salary/Wage \_\_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_ FT \_\_ PT \_\_ No. of Hrs.\_\_\_ Duties \_\_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Employer \_\_\_\_\_ Address Telephone \_\_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment: From \_\_\_\_ To \_\_\_\_ Mo/Yr Mo/Yr Salary/Wage \_\_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_ FT \_\_ PT \_\_ No. of Hrs.\_\_\_ Duties \_\_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_ Telephone \_\_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment: From \_\_\_\_ To \_\_\_\_ Salary/Wage \_\_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_ FT \_\_ PT \_\_ No. of Hrs.\_\_\_ Duties \_\_\_\_\_\_ Reason for Leaving \_\_\_\_\_ **Employer** Address Telephone Position Dates of Employment: From To Mo/Yr Mo/Yr Salary/Wage \_\_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_ FT \_\_ PT \_\_ No. of Hrs.\_\_\_ Duties \_\_\_\_\_ Reason for Leaving \_\_\_\_ If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper. Explain any gaps in work history: Have you ever been discharged or asked to resign from a job? \_\_Yes \_\_No If yes, explain:

## **REFERENCES:**

Professional	Personal
Name	Name
Address	Address
Phone ()	Phone ()
Name	Name
Address	Address
Phone ()	Phone ()
APPLICANT'S CERTIFIC	CATION AND AGREEMENT
knowledge and authorize [Company] to verify their accur	bility of whatever kind and nature which, at any time, could
I understand that, if employed, falsified statements of any shall be considered sufficient basis for dismissal.	kind or omissions of facts called for on this application
rules and regulations of employment of the Employer. Ho	
Signature of Applicant I	Date: