

# **SFBC Employee Application**

	Today's Date Part-time □ Temporary □ When could you start working?					
PERSONAL INFORMATION						
.ast Name	First Nar	First Name		Middle		
Address	City			State	Zip	
Home Phone:	Cell Phone:_		Email	:		
Social Security Number:	DOB:					
Orive License #:	Are you a U.S. Citizen? ( ) Yes ( ) No					
Have you ever been convicted of f selected for employment are yo EDUCATION	•		ent drug screening te	est? ( ) `	Yes()No	
School Name /	Location	Years	Degree Received		Major	

Other training, certification or licenses held: \_\_\_\_\_

## 

## EMPLOYMENT HISTORY Employer: \_\_\_\_\_\_Dates Employed: (From)\_\_\_\_\_(To)\_\_\_\_\_ Work Phone: \_\_\_\_\_\_ to \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: Position: Duties Performed: Supervisors Name and Title: Reason for leaving: May we contact them? () Yes () No Employer: \_\_\_\_\_\_Dates Employed: (From)\_\_\_\_\_(To)\_\_\_\_\_ Work Phone: \_\_\_\_\_\_ to \_\_\_\_\_\_ Pay Rate: <u>\$\_\_\_\_\_</u> to \_\_\_\_\_\_ Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Position: Duties Performed: Supervisors Name and Title: Reason for leaving: May we contact them? ( ) Yes ( ) No

REFERENCES							
Name	Title	Company	Phone				

#### PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in the employment application is true and completed. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or postemployment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMNET NOR GUARATEE EMPLOYEMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZAITON HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant

\*\*\*Email Application and Resume to soulfirebrewing@gmail.com

### An Equal Opportunity Employer

Soul Fire Brewing Co. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Soul Fire Brewing Co. does not discriminate on the base of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Date