

GRAIN STATION BREW WORKS

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, creed, religion, gender, age, sexual preference, national origin, familial status, marital status, veteran status or disability.

To apply, e-mail your completed application to jobs@grainstation.com.

PERSONAL INFORMATION

Last Name		First Name		Middle Initial	Date		
Street Address					Phone () -		
City		State		Zip	Alternate Phone () -		
What date will you be available to begin work?			Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		
Position Applied For	Expected Wage	Food Handler's Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		OLCC Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other positions you would consider? <input type="checkbox"/> Cook <input type="checkbox"/> Utility <input type="checkbox"/> Host <input type="checkbox"/> Server <input type="checkbox"/> Bartender <input type="checkbox"/> Other:							
Please Check Preferred Schedule							
<input type="checkbox"/> I am available and desire FULL-TIME work, and do not have restrictions on my hours and days. Indicate preferred schedule below.							
<input type="checkbox"/> I am available and desire PART-TIME work. I am only available for PART-TIME work as indicated below because:							
<input type="checkbox"/> Student <input type="checkbox"/> Other Job <input type="checkbox"/> Other, please explain:							
Days Available:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I am available to work from:	-	-	-	-	-	-	-
How did you learn about Grain Station?							

EDUCATION

Personal References	Occupation/Title	City/State	Phone
1.			
2.			
3.			

Name of School	City/State	Major & Minor Studies	No. of Years	Degree or Diploma

EMPLOYMENT

Please give complete and accurate, full-time and part-time employment information. Start with present or most recent employer.

1. Company Name	Employed (State Month and Year) From / To /
Street Address	Hourly Pay Rate Start Last
City State Zip	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs/Wk
Name and Title of Immediate Supervisor	Telephone () -
State Your Job Title and Describe Your Duties	Reason for Leaving
2. Company Name	Employed (State Month and Year) From / To /
Street Address	Hourly Pay Rate Start Last
City State Zip	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs/Wk
Name and Title of Immediate Supervisor	Telephone () -
State Your Job Title and Describe Your Duties	Reason for Leaving
3. Company Name	Employed (State Month and Year) From / To /
Street Address	Hourly Pay Rate Start Last
City State Zip	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs/Wk
Name and Title of Immediate Supervisor	Telephone () -
State Your Job Title and Describe Your Duties	Reason for Leaving
4. Company Name	Employed (State Month and Year) From / To /
Street Address	Hourly Pay Rate Start Last
City State Zip	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs/Wk
Name and Title of Immediate Supervisor	Telephone () -
State Your Job Title and Describe Your Duties	Reason for Leaving

To be considered for employment, please read and sign the following applicant's agreement. In consideration of my employment, I agree to conform to the rules and regulations set forth by this company.

I understand that employment with this company is **AT WILL**, which means that either I or the company can terminate the employment relationship at any time, with or without notice, and for any reason not prohibited by law. No supervisor, manager or executive of the company, other than the company president, in writing, has any authority to enter into any agreement for employment for a specific period of time, or to make any agreement to alter the forgoing.

I declare that the facts set forth by me in this application are true and complete to the best of my knowledge. I authorize the company to investigate all information, through personal interviews, with references and past employers listed on this application. I authorize these references and past employers to provide the company any information they have regarding my employment history and fitness to be employed by this company.

I further understand that any misleading or incorrect statements or the incomplete filling out of this application may be cause for immediate discharge, if employed.

Signature of Applicant	Date
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