

MOAB BREWERY APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex religion, disability or national origin.

Date / /

Employment Desired

Position	Date You Can Start	Salary Desired	What shifts/days can you work?

Are you employed now? YES NO If so may we contact your present employer? YES NO

Have you ever applied to this company before? YES NO When? _____

Have you ever been convicted of a criminal offense (felony or misdemeanor, not including traffic offense)? YES NO

If "Yes", explain: _____

Are you of legal age to serve Alcohol? YES NO

If hired, can you provide written evidence that you are authorized to work in the U.S.? YES NO

Personal Information

Last Name _____ First Name _____ Middle Name _____

Address (number, Street, City, State, Zip Code) _____

Social Security Number	Date of Birth	Home Telephone Number	Referred By

Education

High School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	
College Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	

General

Special Courses or Training _____

Experience/Skills Related to the Position for Which You Are Applying _____

Employment History (list Present or Most Recent Positions First)

Name of Employer	Address (Number, Street, City, State, Zip Code)		
Phone	Department	Your Position	
Duties			
Name and Position of Immediate Supervisor			

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary

Reason for Leaving _____

Name of Employer	Address (Number, Street, City, State, Zip Code)		
Phone	Department	Your Position	
Duties			
Name and Position of Immediate Supervisor			

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary

Reason for Leaving _____

Name of Employer	Address (Number, Street, City, State, Zip Code)
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Phone	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

State any additional information you feel may be helpful to us in considering your application.

Other References

Name	Phone	Occupation
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Name	Phone	Occupation
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Name	Phone	Occupation
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PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE POSITION YOU ARE APPLYING FOR:

What does good customer service mean to you in the position you are applying for?

Describe what it means to be doing a good job in the position you are applying for:

What do you feel is (or would be) the most difficult part of this position?

I certify that the information provided is true and correct.	Signature _____
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