



OLD FORGE
BREWING COMPANY

APPLICATION FOR EMPLOYMENT

HARD COPY: please print or type (If hired, this application becomes a part of your permanent record.)

DATE OF APPLICATION: _____

REFERRED BY: _____

PERSONAL INFORMATION

NAME: _____
Last First Middle Initial

PRESENT ADDRESS: _____

HOME NUMBER: () WORK NUMBER ()

ALTERNATE NUMBER: () E-MAIL ADDRESS: _____

List states and counties of residence for the past seven years:

SOCIAL SECURITY NUMBER: DRIVER'S LICENSE NUMBER:

EMPLOYMENT DESIRED

POSITION: DATE AVAILABLE: COMPENSATION DESIRED:
Base: _____

ARE YOU AVAILABLE TO WORK? YES NO TEMPORARY PROJECT

HAVE YOU EVER BEEN EMPLOYED BY OFBC? YES NO

IF YES, PLEASE INDICATE LOCATION AND DATE OF EMPLOYMENT:

IF OFFERED A POSITION, ARE YOU ABLE TO PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE YEARS THAT HAS NOT BEEN EXPUNGED OR SEALED BY A COURT? YES NO

IF YES, EXPLAIN:

IF EMPLOYED AND YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT? YES NO N/A

EMPLOYMENT HISTORY

Please provide information concerning your work history by filling this section out completely. List present or most recent job first. Military experience may be included. Verified work performed on a volunteer basis may be included. (If more space is needed, write on a separate page or make an additional copy of this page.) Failure to provide a complete employment history may disqualify you for employment or may result in termination of employment if you are employed with the company. **Verification of salary (via W2 or other documentation) may be requested if an offer of employment is extended.**

1. EMPLOYER	START DATE	SUPERVISOR
YOUR TITLE	END DATE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	RATE/SALARY STARTING	REASON FOR LEAVING?
	FINAL:	DUTIES/RESPONSIBILITIES
TELEPHONE NUMBER ()	BASE: BONUS: OTHER:	

2. EMPLOYER	START DATE	SUPERVISOR
YOUR TITLE	END DATE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	RATE/SALARY STARTING	REASON FOR LEAVING?
	FINAL:	DUTIES/RESPONSIBILITIES
TELEPHONE NUMBER ()	BASE: BONUS: OTHER:	

3. EMPLOYER	START DATE	SUPERVISOR
YOUR TITLE	END DATE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	RATE/SALARY STARTING	REASON FOR LEAVING?
	FINAL:	DUTIES/RESPONSIBILITIES
TELEPHONE NUMBER ()	BASE: BONUS: OTHER:	

EDUCATION

	VOCATIONAL	UNDERGRADUATE	GRADUATE	POST-GRADUATE
SCHOOL NAME AND LOCATION				
DEGREE AND DATE EARNED				
DIPLOMA DEGREE				
COURSE OF STUDY				
HONORS RECEIVED				

LIST OF PROFESSIONAL ASSOCIATIONS OF WHICH YOU ARE A CURRENT MEMBER AND CERTIFICATES YOU HAVE ACHIEVED:

REFERENCES: NAME, PHONE NUMBER, POSITION, AND COMPANY OF THREE REFERENCES NOT RELATED TO YOU.1.

2.

3.

APPLICANT'S STATEMENT

I certify that the information given herein is true and complete to the best of my knowledge. I authorize Old Forge Brewing Company to make such investigations and inquiries of the information provided herein, and other matters related hereto, as may be necessary. I hereby release employers, schools, and other persons, institutions or businesses from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or during interviews may result in a refusal to hire, or discharge in the event of employment. I understand that I shall be required to provide documentation establishing my legal authorization for employment prior to commencing work. I understand that if employed, my employment will be at will, and that I will not have a contract for employment nor a guarantee of employment. The employer is an Equal Opportunity employer, and shall treat all employees and applicants for employment equally and fairly based upon job related qualifications and in accordance with all applicable local, state and federal laws.

SIGNATURE OF APPLICANT**DATE**