

# STONEYARD BREWING COMPANY

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Cell Phone		
Date Available	Location interested in?	Desired Salary	
Position Applied for			
Are you of legal age (18) to serve alcoholic beverages? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Dates/Times Available to work:</b> <b>NOTE: Please specifically note any date(s)/time(s) that you will be unable to work.</b>			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been terminated from a job? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

Please note: A record of conviction will not necessarily bar you from employment. A criminal conviction will be considered only in relation to the job for which you are applying. The seriousness and nature of the offense, the time elapsed and rehabilitation will be taken into account. It is only necessary to include convictions that have not been expunged from the records.

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

~~~ OVER PLEASE ~~~

**PREVIOUS EMPLOYMENT**

|                                                                                                                   |                    |                    |  |
|-------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--|
| Company                                                                                                           |                    | Phone ( )          |  |
| Address                                                                                                           |                    | Supervisor         |  |
| Job Title                                                                                                         | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities                                                                                                  |                    |                    |  |
| From                                                                                                              | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

|                                                                                                                   |                    |                    |  |
|-------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--|
| Company                                                                                                           |                    | Phone ( )          |  |
| Address                                                                                                           |                    | Supervisor         |  |
| Job Title                                                                                                         | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities                                                                                                  |                    |                    |  |
| From                                                                                                              | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

|                                                                                                                   |                    |                    |  |
|-------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--|
| Company                                                                                                           |                    | Phone ( )          |  |
| Address                                                                                                           |                    | Supervisor         |  |
| Job Title                                                                                                         | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities                                                                                                  |                    |                    |  |
| From                                                                                                              | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from employment.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|