



EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: Michaux Brewing Company
Address: 11657 Buchanan Trail E.
City/State/ZIP: Waynesboro, Pennsylvania 17268
Telephone: 717-765-7474

It is the policy of Michaux Brewing Company to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Number of years at this address: _____

Mobile phone: _____

E-Mail address: _____

Driver's License (State/Number): _____

Are you at least 16 years old? _____ Yes _____ No

Are you at least 18 years old? _____ Yes _____ No

Are you at least 21 years old? _____ Yes _____ No

If you are under 18, do you have a work permit? _____ Yes _____ No

If hired, are you able to submit proof that you are legally eligible for employment
in the United States? _____ Yes _____ No

Who referred you to our company? _____

Emergency Contact (name/relationship/phone number):

3. Job/Position

What job(s) are you applying for: _____

Full or Part Time/expected number of hours? _____

When are you available to work (Thursday-Sunday): _____

List any upcoming conflicts/activities which will affect your availability?

If you are offered employment, when would you be available to begin work?

4. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

5. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No
If yes, degree(s) received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No
Expected graduation date? _____

Other Training or certifications that you hold?

6. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

7. Please provide any other information that you believe we should know about you, including whether you are bound by any agreement with any current employer:

8. Why do you want to work at Michaux Brewing Company and what skills and/or qualities do you possess that would enhance our team?

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application,

or if employment commences, immediate termination.

I authorize Michaux Brewing Company to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

PRINTED NAME

This section to be completed by Michaux Brewing Company Management:

Date Received: _____

Date Reviewed/initials: _____

Action Taken:

