

EMPLOYMENT APPLICATION



APPLICANT INFORMATION

Today's Date (M/D/Y): _____

Last Name	First	Middle Initial
Street Address	Apartment/Unit #	
City	State	ZIP
Email	Phone	
Previous Residence	Start Date Available (M/D/Y)	Desired Wage \$

Which position(s) are you interested in? (some positions may not be open)

- | | | | |
|------------------------------------|--|--|---|
| <input type="checkbox"/> Bartender | <input type="checkbox"/> Chef | <input type="checkbox"/> Food Expeditor (Expo) | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Brewer | <input type="checkbox"/> Cook/Prep Cook | <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Server |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Server Assistant |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Event Coordinator | <input type="checkbox"/> Management | <input type="checkbox"/> Other: _____ |

Which days are you available?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Thursday | |

Which shifts?

- | |
|------------------------------------|
| <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Night |

- | | |
|--|--|
| Are you under the age 18? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If so, do you have a work permit? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you a citizen of the United States? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If no, are you authorized to work in the U.S.? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you ever worked with us before? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If yes, when? _____

- | | |
|--|--|
| Any family/relatives currently employed with us? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

If yes, who? _____

- | | |
|---|--|
| Have you ever been convicted of a felony? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|

If yes, explain: _____

No applicant will be denied employment solely on the grounds of conviction of a criminal offense. However, the nature of an offense, including any significant details that affect the description of the event, the surrounding circumstances, and/or the relevance of the offense to the position applied for, may be considered.

EDUCATION

High School _____	College _____	Other _____
City/State _____	City/State _____	City/State _____
What years did you attend? _____	What years did you attend? _____	What years did you attend? _____
Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Diploma _____	Degree _____	Degree _____

REFERENCES List only professional references (no family or friends)

Reference #1 _____	Reference #2 _____	Reference #3 _____
Relationship _____	Relationship _____	Relationship _____
Company _____	Company _____	Company _____
City/State _____	City/State _____	City/State _____
Phone _____	Phone _____	Phone _____

CURRENT / PREVIOUS EMPLOYMENT

Company #1 _____	Company #2 _____
City/State _____ Phone _____	City/State _____ Phone _____
Supervisor _____	Supervisor _____
Your Job Title _____	Your Job Title _____
Responsibilities _____	Responsibilities _____
Starting Salary \$ _____ Ending Salary \$ _____	Starting Salary \$ _____ Ending Salary \$ _____
Started Working (M/Y) _____ Ended (M/Y) _____	Started Working (M/Y) _____ Ended (M/Y) _____
Reason for Leaving _____	Reason for Leaving _____
May we contact current/previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	May we contact current/previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO

MILITARY SERVICE

Branch _____	Served From (M/Y) _____	To (M/Y) _____
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DISCLAIMER / SIGNATURE

Prairie Street Brewing Co. conducts reference and background checks on all applicants. Applicants who provide false or incomplete information may be eliminated from further consideration for employment. Furthermore, if this application leads to employment and it is found that false or misleading information was provided in this application and/or during any interviews, it may result in termination. By signing this application, you acknowledge that you understand these terms and have provided true and complete information to the best of your knowledge.

Your Signature _____ Date (M/D/Y) _____

When complete, deliver application to PRAIRIE STREET BREWING CO. 200 PRAIRIE ST | ROCKFORD IL | 815.277.9427 | PSBREWINGCO.COM