

Stormcloud Brewing Company

PO Box 2157 * Frankfort * Michigan * 49635

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Email: _____

Telephone (____) _____

If under 18, please list age _____

Position applying for _____ and hourly wage desired _____

Front of House: _____

Kitchen: _____

Brewery: _____

(Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____ If applying for a seasonal position, latest date available? _____

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|----------|---------------------------|----------------|
| High School | | | | |
| College | | | | |
| Bus. or Trade School | | | | |
| Professional School | | | | |

Have you been convicted of a crime including a DUI, traffic violation, misdemeanor or felony?

No Yes If yes, list dates, nature and location. (Conviction will not necessarily disqualify an applicant from employment.)

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Are you lawfully permitted to work in the U.S? Y N

Please list two references other than relatives or previous employers.

Name _____

Name _____

Occupation _____

Occupation _____

Relationship with Individual _____

Relationship with Individual _____

Address _____

Address _____

How long have you known the individual? _____

How long have you known the individual? _____

Telephone () _____

Telephone () _____

Tell us what makes you exceptionally qualified to work at Stormcloud Brewing Company. Please share your best craft beer memory (if of age) and why.

What are two companies that set themselves apart in your view and how they differentiate themselves from their competition.

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Work Experience Please list your work experience for the **past five years** beginning with your most recent job listed first. If you were self-employed, give firm name. A completed resume maybe used to supplement work experience data. **Attach additional sheets if necessary.**

| | | | |
|--|-------------------------|------------------|----------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |

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May we contact your present employer? Yes No

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

Upon submitting this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you required, including my prior disciplinary employment record without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of each disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures, I agree that any false information support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the owner/president of the company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed and no additional obligations can be imposed on the Company except those which have been acknowledged in writing by the president or his designated representative.

I agree that any action or suit against the firm arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights status, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails, I will pay the firm any and all costs incurred by the firm in defense of said claims or actions including attorney fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

I agree with the above information.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for your interest in Stormcloud Brewing Company