

**Salt Springs Brewery  
APPLICATION FOR EMPLOYMENT**

**PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER**

Personal Information			
Name (Last Name First)		Date	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number	Email		Referred by

Employment Desired		
Position(s)	Date you can start	Salary desired
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when and for what positions?

Education History				
	Name & Location (City/State)	Years Attended	Did you Graduate	Subjects Studied
High School				
College				
Trade, Business, or Other				

General Information	
Subject of special study / research work?	
Special training	
Special skills	
U.S. Military or Naval Service	Rank
What is your favorite _____?	

Former Employers				
Date Month & Year	Name & Location (City/State)	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

References			
Name	Phone Number	Business	Years Known

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE: \_\_\_\_\_ Signature: \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

DATE: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Remarks		
Hired? Yes <input type="checkbox"/> No <input type="checkbox"/>	Starting Date	Starting Wage