GRAIN STATION BREW WORKS APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, creed, religion, gender, age, sexual preference, national origin, familial status, marital status, veteran status or disability.

To apply, e-mail your completed application to jobs@grainstation.com.

			☐ McMinnv	ille 🗌 Monmou	th 🗆	Both Lo	cations				
	Last Name		First Name		Middle Initial		ate				
	Street Address				P (hone) -					
	City	State		Zip		Iternate Phone) -					
	What date will you	Are you legally eligible for employment in the United States? ☐ Yes ☐ No			nt in the E	mail Address					
	Position Applied For Expected Wage			Food Handler's Certificate OLCC Permit ☐ Yes ☐ No ☐ Yes ☐ No				Are you over 21 years of age? ☐ Yes ☐ No			
_	Other positions you	Uther positions you would consider? ☐ Cook ☐ Ut				I Bartender	□ Other:				
三	Please Check Pref	Please Check Preferred Schedule									
PERSONAL INFORMATION	☐ I am available and desire FULL-TIME work, and do not have restrictions on my hours and days. Indicate preferred schedule below. ☐ I am available and desire PART-TIME work. I am only available for PART-TIME work as indicated below because:										
AL IN	☐ Student ☐ Other Job ☐ Other, please explain:										
\geq	Days Available:	Monday	Tuesday	Wednesday	Thui	rsday	Friday	Saturday	Sunday		
	I am available to work from:	_	<u>-</u>	-		- -		-	-		
H	How did you learn about Grain Station?										
	Personal References			Occupation/Title		City/State		Phone			
	1.					-	,				
	2.										
	3.										
LION								No. of	Degree or		
	Name of School			City/State		Major & Minor Studies			Diploma		
EDUCATION											
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Please give complete and accurate, full-time and part-time employment information. Start with present or most recent employer.

EMPLOYMENT

1. Company Name			Employed (State I	Month and Year)		
			From	/ To		1
Street Address			Hourly Pay Rate			
			Start	Last		
City	State	Zip				
			☐ Full Time	☐ Part Time	Hrs/Wk	
Name and Title of Immediate Supervisor			Telephone			
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State Your Job Title and Describe Your Duties			Posser feet			
State Your Job Title and Describe Your Duties			Reason for Leavir	ıy		
			<u> </u>			
2. Company Name			Employed (State I			,
			From	/ To		1
Street Address			Hourly Pay Rate			
	-		Start	Last		
City	State	Zip				
			☐ Full Time	☐ Part Time	Hrs/Wk	
Name and Title of Immediate Supervisor		_	Telephone			
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State Your Job Title and Describe Your Duties			Reason for Leavin	ng		
Company Name			Employed (State I	Month and Year)		
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Street Address			Hourly Pay Rate			
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Name and Title of Immediate Supervisor			Telephone			
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4. Company Name			Employed (State I			
			From	/ To		1
Street Address			Hourly Pay Rate			
			Start	Last		
City	State	Zip				
			☐ Full Time	☐ Part Time	Hrs/Wk	
Name and Title of Immediate Supervisor			Telephone			_
			()	_		
State Your Job Title and Describe Your Duties			Reason for Leavir	na		
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To be considered for employment, please read and sign the following applicant's agreement. In consideration of my employment, I agree to conform to the rules and regulations set forth by this company.

I understand that employment with this company is **AT WILL**, which means that either I or the company can terminate the employment relationship at any time, with or without notice, and for any reason not prohibited by law. No supervisor, manager or executive of the company, other than the company president, in writing, has any authority to enter into any agreement for employment for a specific period of time, or to make any agreement to alter the forgoing.

I declare that the facts set forth by me in this application are true and complete to the best of my knowledge. I authorize the company to investigate all information, through personal interviews, with references and past employers listed on this application. I authorize these references and past employers to provide the company any information they have regarding my employment history and fitness to be employed by this company.

I further understand that any misleading or incorrect statements or the incomplete filling out of this application may be cause for immediate discharge, if employed.

Signature of Applicant	Data
Signature of Applicant	Date