

13415 Sierra Way • Kernville, CA 93238



760.376.2337 (phone/fax)

Application for Employment

In addition to filling out this application, all of our applicants must also include their resume (even if information is repeated)

Today's Date

Applicant Information

Applicant Name		
Phone	2nd Phone	
Email		
Address		
City	State	Zip Code

How did you find out about Kern River Brewing Company?

Applying for:

Check all that apply

- Server
- Kitchen _____
- Bartender
- Brewery _____
- Host
- Other _____

Availability

- Temporary (summer/holidays)
- Part Time
- Full Time

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? ____/____/____

What days and times are you available to work? Mark the shift(s) you **CAN** work

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Open							
Lunch							
Dinner							
Close							

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Personal Information

Have you ever applied to/worked for Kern River Brewing before?

Yes. When? _____ Explain _____ No

Do you have any friends, relatives, or acquaintances working for Kern River Brewing?

Yes. Who? _____ Relationship _____ No

If hired, do you have reliable transportation to and from work?

Yes No

Are you over the age of 18? *If under 18, hire is subject to verification of minimum legal working age.*

Yes No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the U.S.?

Yes No

If hired, are you willing to submit and pass a controlled substance test?

Yes No

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation?

Yes No. *If no, please describe the functions that cannot be performed.*

(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

Yes. Explain. No

Do you speak, write or understand any foreign languages?

Yes. If yes, which language(s) and at what level? No

Education, Training & Experience

High School

School Name		
School Address		
City	State	Zip Code
Number of years completed	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree/diploma earned		

College/University

School Name		
School Address		
City	State	Zip Code
Number of years completed	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree/diploma earned		

Vocational School

School Name		
School Address		
City	State	Zip Code
Number of years completed	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree/diploma earned		

Military

Branch	
Rank	
Total years of service	Skills/duties
Related details	

Other

Education, Training & Experience

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.** Additional employment history can be included on the back.

Name of Employer		
Name of Supervisor		
Business Address		
City	State	Zip Code
Business Type	Phone	
Length of Employment <i>(include dates)</i>		
Position(s) & Duties		
Reason for Leaving		
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer		
Name of Supervisor		
Business Address		
City	State	Zip Code
Business Type	Phone	
Length of Employment <i>(include dates)</i>		
Position(s) & Duties		
Reason for Leaving		
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer		
Name of Supervisor		
Business Address		
City	State	Zip Code
Business Type	Phone	
Length of Employment <i>(include dates)</i>		
Position(s) & Duties		
Reason for Leaving		
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References

List below three persons who have knowledge of your work performance within the last four years.

Reference Name #1 <i>(First & Last)</i>		
Phone	Occupation	
Address		
City	State	Zip Code
Number of years acquainted		
Reference Name #2 <i>(First & Last)</i>		
Phone	Occupation	
Address		
City	State	Zip Code
Number of years acquainted		
Reference Name #3 <i>(First & Last)</i>		
Phone	Occupation	
Address		
City	State	Zip Code
Number of years acquainted		

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. **Initial** _____

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. **Initial** _____

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. **Initial** _____

Applicant's Signature *(Guardian's Signature if applicant is under 18)*

	Date
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