



# APPLICATION FOR EMPLOYMENT

Thank you for your interest in applying for a job with Werk-Brau Co., Inc. Because of our commitment to offering the highest possible satisfaction to our customers, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivation and interests so that we can make careful and deliberate hiring decisions that will benefit both the Company and our employees. Please answer the following questions honestly, completely and thoroughly.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, age, sex, national origin, ancestry, disability, genetics, protected military or veteran status, sexual orientation, pregnancy, gender identity or expression, or any other characteristic protected by federal, state or local laws. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

*Applications will be retained for 6-months from the date of submission. Best time to inquire: 8:00 am – noon 1:00 pm – 5:00 pm*

Today's Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address (Optional): \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date Available: \_\_\_\_\_

Referred By: \_\_\_\_\_ When are you available to work?  Full time  First Shift  
 Part-time  Second Shift  
 Summer Only  Third Shift

Are you 18 years of age or older?  Yes  No If not, can you provide a work permit?  Yes  No

If hired, can you provide proof of eligibility to work in the U.S.?  Yes  No

Are you employed now?  Yes  No If so, may we contact your present employer?  Yes  No

Have you ever applied to Werk-Brau before?  Yes  No When \_\_\_\_\_

Expected Pay Rate: \_\_\_\_\_  Hourly  Weekly  Yearly

Have you ever been convicted of a felony?  Yes  No (Conviction of a felony does not automatically disqualify you from employment)  
 If "yes", please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK EXPERIENCE**  
 Starting with your most recent job, complete the following:

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Employed: from: \_\_\_\_\_ to: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Title & Responsibilities: \_\_\_\_\_

Will you receive a satisfactory reference from this employer?  Yes  No

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Title & Responsibilities: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Will you receive a satisfactory reference from this employer?  Yes  No

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Title & Responsibilities: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Will you receive a satisfactory reference from this employer?  Yes  No

### EDUCATION

**High School:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Highest Grade Completed: \_\_\_\_\_ Did you Graduate?  Yes  No  
Degree and/or Field of Study: \_\_\_\_\_

**College/University:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Highest Grade Completed: \_\_\_\_\_ Did you Graduate?  Yes  No  
Degree and/or Field of Study: \_\_\_\_\_

**Vocational School:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Highest Grade Completed: \_\_\_\_\_ Did you Graduate?  Yes  No  
Degree and/or Field of Study: \_\_\_\_\_

**Certificates / Licenses:** *(Include effective & expiration dates)* \_\_\_\_\_  
\_\_\_\_\_

### Military Service Record

Have you ever been a member of the Armed Forces of the United States?  Yes  No  
If so, please describe any special skills or abilities developed which relate to the position you are seeking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

**Completing this section is optional. Leave this area blank if you do not wish to answer.**

List the names of any professional or personal character references who have known you for at least three years and from whom you can obtain letters or recommendation. Please do NOT list relatives.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  Year(s) \_\_\_\_\_  Month(s)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  Year(s) \_\_\_\_\_  Month(s)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  Year(s) \_\_\_\_\_  Month(s)

## AUTHORIZATION

I certify that the facts contained in the application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company. I acknowledge that I have no agreement with a third party or former employer that would limit, in any way, the duties for the position for which I am applying or am hired.

I understand that any employment is conditioned on the successful completion of a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands of liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to medical examinations and drug tests at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

In exchange for the Company considering my application for employment, I knowingly agree and understand that I must file any and all claims and/or lawsuits which arise out of or pertain in any way to my application for employment, employment, termination of employment within six (6) months of the event giving rise to or that is the subject of the claim or lawsuit. I understand that the applicable statute of limitations may be longer than six (6) months; however, I agree to be bound by this shorter, six (6) month period of limitations and WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. I understand that this waiver includes, but is not limited to, waiver of statute of limitations that apply to state and federal civil rights statutes.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures, in whole or in part at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date