

## NORTH COAST BREWING CO., INC.

455 NORTH MAIN STREET FORT BRAGG, CA 95437 • 707-964-2739

## APPLICATION FOR EMPLOYMENT

Programs, services and employment are equally available to everyone.

Please inform the Human Resource Department if you require reasonable accommodation for the application or interview.

Position applied for	: DUTTLE	K				
Date:	Hov	were you referr	ed to us?			
PERSONAL INF	FORMATION					
Full Name:						_
Present Address:		Cit	y:	State	):	Zip:
Permanent Address:		Cit	ty:	State	):	Zip:
Phone: ( )		Mobile/Pager/Othe	r: Em	nail:		
Date Available to Start		Sa	lary Requiremen	t:		
This position requires	that you be over 2	1 years of age. Do	you meet this red	uirement?   Y	es 🔲 No	)
This position requires	that you be able to	o lift 35 pounds freq	uently. Do you m	eet this requireme	nt? TYes	No
Are you legally allowed		_				
Have you ever worked	tor this company	? ∟Yes ∟IN	lo	If yes, when?		
Type of employment d	esired:Full-T	ime 🔲 Part-Time [	Temporary	Seasonal		
Are you willing to w	ork: Nights	Days Dw	veekends W	eek days		
EDUCATION IN	FORMATION	V				
High School or GED:	Address:	City:	State:	Degree:	Subject	s Studied:
College:	Address:	City:	State:	Degree:	Major:	
Graduate School:	Address:	City:	State:	Degree:	Major:	
Other:	Address:	City:	State:	Degree:	Major:	
REFERENCES:	Give the names	of three nersons no	t related to you	whom vou have k	nown for	at least one year
Name			Address & Phone Number		s I	Years Acquainted
1.						•
2.						
3.						
Summarize your	special skills	or qualification	ons:			
J 341	-L	4				

## **EMPLOYMENT HISTORY-** List below last three employers, starting with the most recent one first **PLEASE COMPLETE ENTIRE SECTION, DO NOT ENTER "SEE RESUME"**

Dates of Employment: From// T0/	_/ Position(s) Held:
Company Name: Addre	ess:
Phone: ( ) Supervisor:	Title:
Responsibilities:	
Starting Title:	Ending Title:
Reason for Leaving:	
May we contact this employer for a reference? ☐ Ye	es 🔲No
Dates of Employment: From//T0/_	_/ Position(s) Held:
Company Name : Addre	ess:
Phone: ( ) Supervisor:	Title:
Responsibilities:	
Starting Title:	Ending Title:
Reason for Leaving:	
May we contact this employer for a reference? ☐Ye	es 🔲No
Dates of Employment: From//T0/	_/ Position(s) Held:
Company Name : Addre	ess:
Phone: ( ) Supervisor:	Title:
Responsibilities:	
Starting Title:	Ending Title:
Reason for Leaving:	
May we contact this employer for a reference? ☐ Ye	es 🔲No
<ul> <li>In accepting this application, the company is in no way obligated to accept employment if offered. Furthermore, my employment and compensation can be terminated with a certify that the facts contained in this application are transplained statements on this application or omission of process will result in my application being rejected, or, if also understand that any offer of employment is condit documentation. I will, upon request, sign all necessary contained matters as may be necessary for an employment of from all liability when responding to inquiries in connection.</li> </ul>	to the policies and procedures of the company. I understand that obligated to provide me with employment, and that I am not, if employed, I understand that I am employed at will and that ith or without cause, and with or without notice at any time. The and complete to the best of my knowledge. I understand that of fact on either this application or during the pre-employment if I am hired, in my employment being terminated. It is in the completion of pre-employment tests and consent forms.  It is of my personal, employment, educations, financial and other decision. I hereby release employers, schools or individuals
Date: Signature:	