



EMPLOYMENT APPLICATION

DATE	STORE LOCATION TO WHICH YOU'RE APPLYING
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WOLF CREEK RESTAURANT & BREWING COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION

NAME		SOCIAL SECURITY #	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS		
ARE YOU AT LEAST 18 YEARS OLD?	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?		
ARE YOU CURRENTLY EMPLOYED?	IF HIRED, WHAT IS YOUR AVAILABLE START DATE?		
POSITION YOU'RE SEEKING	WERE YOU REFERRED BY ANYONE?		

AVAILABILITY

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	AM								
	PM								
HOW MANY HOURS A WEEK ARE YOU WILLING TO WORK?					HOW MANY DAYS?				
<p><i>DUE TO THE NATURE OF OUR BUSINESS, IT IS NECESSARY TO REQUIRE EMPLOYEES TO WORK WEEKENDS & HOLIDAYS.</i></p>									
ARE YOU WILLING TO WORK WEEKENDS?					HOLIDAYS?				

EDUCATION

NAME & LOCATION OF HIGH SCHOOL		DID YOU GRADUATE (OR OBTAIN G.E.D.)?	DATE
NAME & LOCATION OF COLLEGE		DEGREE RECEIVED	DATE
ADDITIONAL SKILLS, EDUCATION, OR SPECIAL TRAINING			
U.S. MILITARY OR NAVAL SERVICE	RANK	DATES OF SERVICE	
		FROM:	TO:



EMPLOYMENT HISTORY (PLEASE LIST MOST RECENT EMPLOYER FIRST)

COMPANY		PHONE NUMBER
ADDRESS		
DATES OF EMPLOYMENT		JOB TITLE
FROM:	TO:	SUPERVISOR'S NAME
REASON FOR LEAVING		
COMPANY		PHONE NUMBER
ADDRESS		
DATES OF EMPLOYMENT		JOB TITLE
FROM:	TO:	SUPERVISOR'S NAME
REASON FOR LEAVING		
COMPANY		PHONE NUMBER
ADDRESS		
DATES OF EMPLOYMENT		JOB TITLE
FROM:	TO:	SUPERVISOR'S NAME
REASON FOR LEAVING		

PERSONAL REFERENCES

NAME		RELATIONSHIP & NUMBER OF YEARS YOU'VE KNOWN THIS PERSON
PHONE NUMBER	PROFESSION	
NAME		RELATIONSHIP & NUMBER OF YEARS YOU'VE KNOWN THIS PERSON
PHONE NUMBER	PROFESSION	

I certify that all information provided on this application is true and correct. I understand that, if hired, discovery of falsified information on this application is grounds for dismissal. I understand that, if hired, my employment with Wolf Creek Restaurant & Brewing Company is for an undefined period and may be terminated at any time, at the will of Wolf Creek Restaurant & Brewing Company or myself - for any reason or for no reason at all.

I authorize the investigation/verification of all information I've provided on this application. I release Wolf Creek Restaurant & Brewing Company and any other previous employers, schools, and persons who communicate with Wolf Creek Restaurant & Brewing Company from any liability that may result in seeking or releasing information.

If hired by Wolf Creek Restaurant & Brewing Company, I agree to abide by all policies and rules of the company, including, but not limited to, policies regarding uniforms and job-related personal appearance & grooming standards. I understand that these policies may be changed at any time.

SIGNATURE:

DATE: