

Lincoln Hill Farm Brewery, Inc

Application for Employment

Date _____

Please Print Clearly. Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

Applicant Name _____ Position Applied For _____ (list only one)

Telephone Number () _____ - _____ Alternate/Cellular Telephone Number () _____ - _____

Present Address _____
Street, Apartment, or Unit Number

City State Zip

Email Address _____ Desired Salary/Hourly Rate _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (Specify Hours) _____ Are you willing to work overtime? Yes No

Date on which you can start work if hired _____ Have you previously applied for employment with LHF? Yes No

If Yes, when, and where did you apply? _____

Have you ever been employed by Lincoln Hill Farms? Yes No

If Yes, provide dates of employment, location, and reason for separation from employment. _____

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see *résumé*."

Employer

Name	Address	Type of Business
Telephone (____) _____	Dates Employed From ____/____/____ To ____/____/____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, why not? _____
Wages Start _____	Final _____	Reason for Leaving? _____
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what? _____		
How much notice did you give when resigning? If none, explain. _____		

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Were you ever disciplined? If so, for what? _____		
How much notice did you give when resigning? If none, explain. _____		

Have you ever been terminated or asked to resign from any job?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes how many times? _____
Has your employment ever been terminated by mutual agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes how many times? _____
Have you ever been given the choice to resign rather than be terminated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of **each** occasion.

WORK REFERENCES

Please list the names of additional work-related references we may contact. For individuals with no prior work experience only; you may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e. supervisor, co-worker)	TELEPHONE

DRIVING INFORMATION (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? Yes No If yes, License No.: _____ State: _____

Expiration Date: _____

Has your license ever been suspended or revoked? Yes No

If yes, explain: _____

Do you have personal automobile insurance? Yes No

If no, explain: _____

Have you ever been denied personal automobile insurance, or has it ever been terminated or suspended? Yes No If yes, explain:

Have you ever been convicted of a crime? Yes No If yes, explain:
