

# Sierra Blanca Brewing Company, Inc./Rio Grande Grill and Tap Room

## Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**\*\* PLEASE FILL IN WITH ACROBAT OR PRINT CLEARLY \*\***

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**BREWERY e-mail to [JOBS@SIERRABLANCABREWERY.COM](mailto:JOBS@SIERRABLANCABREWERY.COM) | RESTAURANT e-mail to: [KEITH@SIERRABLANCABREWERY.COM](mailto:KEITH@SIERRABLANCABREWERY.COM)**

Position(s) applied for \_\_\_\_\_ Date / /

How did you find out about this job? Employee      Walk-in      Relative      Other

Why are you seeking a new job at this time?

Why do you want to work at Rio Grande Grill and Tap Room and/or Sierra Blanca Brewing Company?

### Applicant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Email address: \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work? \_\_\_\_\_ Describe \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_ (Proof of U.S. citizenship or immigration status is required if hired.)

Are you a veteran? \_\_\_\_\_ If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List any special skills or training: \_\_\_\_\_

### Employment Information

Are you seeking full time, part time or temporary employment?

What hours and shift(s) would you prefer to work?

List times you are NOT available to work \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_ Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If hired, when would you be able to start? \_\_\_\_\_

Have you ever worked for this organization before? \_\_\_\_\_ If yes, name used: \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need:

### Education (check highest level achieved)

Elementary: 1 2 3 4 5 6 7 8	Secondary: 9 10 11 12	G.E.D.	College: 1 2 3 4 5 6 7 8
Name of School:	Name of School:		Name of School:
Location of School:	Location of School:		Location of School:

### Work History (please begin with most recent)

Company 1: Phone No. with Area Code: ( )

Address: City/State/Zip:

Dates of Employment: From To Salary: Beginning Ending

Job Title: Supervisor's Name & Title:

Describe duties briefly:

Specific reason for leaving:

Company 2: Phone No. with Area Code: ( )

Address: City/State/Zip:

Dates of Employment: From To Salary: Beginning Ending

Job Title: Supervisor's Name & Title:

Describe duties briefly:

Specific reason for leaving:

Company 2: Phone No. with Area Code: ( )

Address: City/State/Zip:

Dates of Employment: From To Salary: Beginning Ending

Job Title: Supervisor's Name & Title:

Describe duties briefly:

Specific reason for leaving:



# Authorizations & At-Will Employment Agreement

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

## AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature

Date

Full Name

Manager Name, Signature and Date

/ /

## MANAGER CHECKLIST:

First Day of Work

Completed I9

Completed W4

Copy of ID

Copy of SS Card

Completed Direct Deposit Form and copy of bank information

Employee Hand Book Acknowledgement of Receipt Page

Copy of Server Card

All documents sent to Suzanne Weber