

# 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 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 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: \_\_\_\_\_



# 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 \_\_\_\_\_

Sent all documents to Suzanne Weber \_\_\_\_\_