

ODELL BREWING COMPANY
800 E. LINCOLN AVENUE, FORT COLLINS, CO 80524
(970) 498-9070

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

PERSONAL INFORMATION

Name: _____	
Address: _____	City: _____ Zip: _____
Phone #: _____	e-mail address: _____
Are you 21 years of age or older? Yes _____ No _____	

EMPLOYMENT DESIRED

Position: _____	Date you can start: _____
Are you employed now? Yes _____ No _____ If so, may we talk with you current employer? Yes _____ No _____	

OTHER INFORMATION

Can you furnish proof that you are eligible to work in the United States? Yes _____ No _____
Are you able to perform the primary duties of the job as outlined in the newspaper advertisement and/or job description with or without reasonable accommodation? If no, please explain. _____ _____
Do you have job related skills which fit with desired position? _____ _____ _____
Do you have any home brewing or commercial brewing experience? _____ _____
Why do you want to work for Odell Brewing Company? _____ _____ _____ _____

Have you been convicted of or have pled no contest to a felony? _____

EDUCATION

High School _____ Number of years completed _____

College _____ Number of years complete _____ Subjects studied/Degree _____

Other Schooling _____ Number of years completed _____ Subjects/Degree _____

FORMER EMPLOYERS

Name, Address, Phone	Contact Person	Dates Worked	Wage	Position	Reason for Leaving

REFERENCES

List three persons to whom you are not related, whom you have known for at least one year

Name, Address	Occupation	Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature _____

Date _____