

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

DATE AVAILABLE: _____ **DESIRED PAY/HR: \$** _____

POSITION APPLIED FOR: _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

CITY/STATE: _____

STARTING PAY: \$ _____ HOUR SALARY **ENDING PAY: \$** _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

CITY/STATE: _____

STARTING PAY: \$ _____ HOUR SALARY **ENDING PAY: \$** _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____



EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____ DEGREE/CERTIFICATION: _____

REFERENCES

(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered. Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____

Complete and submit to Mineral Springs Brewery, in any of the following forms:

- Email: bill@mineralspringsbrewery.com
- Mail: MSB; attn.: Bill; 111 N Walnut Ave; Owatonna, MN 55060
- Drop off during normal business hours: 111 N Walnut Ave; Owatonna, MN

