

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

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Odell Brewing Company provides equal employment opportunities to all employees and applicants for employment without regard to race, age, creed, color, religion, national origin or ancestry, marital status, sex, disability, veteran status, genetic information, sexual orientation, gender identity or expression, or pregnancy.

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: _____

Hourly Rate/Salary desired: _____

Are you employed now? Yes _____ No _____ If so, may we talk with you current employer? Yes _____ No _____

(If hired, you will be required to provide proof of your eligibility to work in the US)

SPECIAL SKILLS

What machines or equipment can you operate that are related to the job for which you are applying? _____

Do you have job related skills which fit the desired position? _____

For Driving Jobs Only: Do you have a valid driver's license? Yes _____ No _____

Driver's License Number _____ Class of License _____ State Licensed in _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes _____ No _____

If yes, please give details _____

Why do you want to work for Odell Brewing Company? _____

EDUCATION

High School _____ Number of years completed _____

College _____ Number of years completed _____ Subject studied/Degree _____

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

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent.

Name, Address, Phone	Immediate Supervisor	Dates Worked	Position	Reason for Leaving

REFERENCES

List three persons not related to you, 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_____