

**PARKSIDE BREWING COMPANY, AN
EQUAL OPPORTUNITY EMPLOYER**

APPLICATION FOR EMPLOYMENT

Instructions: Please print, type, or write **clearly**. Your application can be properly evaluated only if you answer all of the questions carefully and completely.

This application will be considered current for 6 months from its date. After that period, a new application must be submitted, if you still desire employment with us.

Date _____

Name _____
(Please Print) Last First Middle Initial

Present Address _____
Street No. City State Zip

Previous Address _____
Street No. City State Zip

Telephone - Day: () _____ Telephone-Other () _____

Position Sought: _____

Date Available to Begin Work: _____

Are you of legal age to sell beer in Iowa? _____

Have you successfully completed I-PACT training or other training in regards to serving alcohol?
(proof will be requested)

Do you have a legal right to work in this country? _____

Describe any education, training, or professional experience within the craft beer industry which you think qualifies you, or makes you a desirable candidate, for the position:

Rate of Pay Expected \$ _____ Would you work full-time? _____ Part-time? _____
Specify days and hours desired _____

Do you have any activities, commitments or responsibilities (including other jobs or school) that might prevent you from meeting work schedules or attendance requirements?

If yes, please explain: _____

Employment History (please list present or most recent employment first)

A. Name of Employer: _____ Telephone No. (____) _____
Month/Yr Started: _____ Date Ended: _____ Last Salary: _____
Job title and duties: _____

Name of Supervisor: _____
Reason for leaving or desiring change: _____

B. Name of Employer: _____ Telephone No. (____) _____
Date Started: _____ Date Ended: _____ Last Salary: _____
Job title and duties: _____

Name of Supervisor: _____
Reason for leaving or desiring change: _____

**PARKSIDE BREWING CO.
BACKGROUND INFORMATION RELEASE**

Please fill out the following information accurately & completely. Please print legibly.

Date _____/_____/_____

Full Legal Name _____
Street Address _____ How long? _____
City _____ State _____ Zip _____
Previous Address _____ How long? _____
City _____ State _____ Zip _____
Drivers License Number _____ State _____
Date of Birth* _____

*Information concerning your date of birth is only necessary to assist in the obtaining of information from the Department of Motor Vehicles and relevant Law Enforcement Agencies

I hereby authorize any employer, administrator, institution or private information bureau that has any record or knowledge of my credit, criminal, motor vehicle or employment history to communicate to Parkside Brewing Co., any statements, matters or information relating to the aforesaid. According to the fair credit report act, I am entitled to know if employment has been denied because of information obtained by my prospective employer from a consumer reporting agency or source of information.

Applicant's Signature _____ Date _____

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby give permission to Parkside Brewing Company and its employees to verify the information stated on this application. I understand Parkside Brewing Company may contact others for verification and amplification of this information. I release Parkside Brewing Company and its employees and agents and all persons contacted from all liability or claim(s) that may arise from such process. I certify the statements made in this application are true to the best of my knowledge and belief. I understand that if employed, my employment is for no definite period and that I may be terminated at any time for any reason, with or without cause.

I HAVE READ THE ABOVE PARAGRAPH AND UNDERSTAND IT.

Applicant's signature: _____ Date _____