



Turtle Mountain Brewing Co.

905 36th Pl., Rio Rancho, NM 87124 (505) 994 - 9497

Personal

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Referred By: _____

Favorite Beer: _____ Favorite Meal: _____ Favorite Brewpub: _____

Employment Desired

Position: _____ Start Date: _____ Desired Salary: _____

Are You Employed?: _____ By Whom: _____ Phone #: _____

Availability: _____ Su Mo Tu We Th Fr Sa

Education

High School: _____ Yrs Attended: _____ Graduated?: _____

College: _____ Yrs Attended: _____ Graduated?: _____

Other: _____ Yrs Attended: _____ Graduated?: _____

General Information

Special Skills: _____ Special Training: _____

Awards & Recognition: _____ US Military or Naval Service: _____

Former Employers

Employer Name & Phone #	Dates	Salary	Position	Reason For Leaving

References

Name: _____ Phone: _____ Yrs Known: _____

Name: _____ Phone: _____ Yrs Known: _____

Name: _____ Phone: _____ Yrs Known: _____

"I certify that the facts contained in this application are true & complete to the best of my knowledge & understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein & the references & employers listed above to give you any & all information concerning my previous employment & any pertinent information they may have, personal or otherwise, & release the company from all liability for any damage that may result from utilization of such information. I also understand & agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing & signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) & other relevant federal & state laws."

Emergency Contact & Number: _____ Ins. Carrier & Doctor: _____

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____ Time: _____

Comments: _____

