

Lost Coast Brewery & Café

Brewery Location: 1600 Sunset Drive, Eureka, CA 95503 • 707.445.4484

Café Location: 617 4th Street, Eureka, CA 95501 • 707.445.4480



Employment Application for At-Will Employment

APPLICANT INFORMATION				
Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.	Desired Salary	
Position Applied for				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
				YES <input type="checkbox"/>
				NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Are you 21 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
MILITARY SERVICE				
Branch			From	To
Rank at Discharge			Type of Discharge	
If other than honorable, explain				

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()
Address	Supervisor
Job Title	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsibilities	
From To	Reason for Leaving

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date