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# COPPER FURROW

# BREWING

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Helena, Montana

## Application for Employment

COPPER FURROW BREWING IS AN EQUAL OPPORTUNITY EMPLOYER  
Applicants are considered for all positions without regard to race, color, religion, sex, national origin, creed, age, marital or veteran status or the presence of non-job related medical conditions or disabilities.

### Applicant Information:

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available to Begin: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

## Education

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
High School: \_\_\_\_\_ Address: \_\_\_\_\_   Diploma: \_\_\_\_\_  
School: \_\_\_\_\_ ss: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
Degree: \_\_\_\_\_

## 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: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

What is your favorite beer, please describe its flavor profile in detail.

Describe the difference between an ale and a lager.

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.*

*In the event of employment, I understand that false or misleading information given in this application or interview(s) may result in discharge. Upon employment I understand that I am required to abide by all the rules and regulations of the Company.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have a disability or need special consideration for access at Copper Furrow Brewery, please talk with Management one day in advance and we will endeavor to make an effort to accommodate your needs.

## Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, creed, age, marital or veteran status, physical or mental disability. As employers, we comply with government regulation and affirmative action responsibilities. Solely to help us comply with the government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date of Application \_\_\_\_\_

(Please type or print clearly)

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Mailing address

City

State

Telephone (\_\_\_\_) \_\_\_\_\_

Position(s) Applying For \_\_\_\_\_

Referral Source: \_\_\_\_Advertisement \_\_\_\_Friend \_\_\_\_Relative \_\_\_\_Walk-In  
\_\_\_\_Employment Agency \_\_\_\_other \_\_\_\_\_

## Affirmative Action Survey

The government agencies require periodic reports on the gender, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of this information is voluntary.

Check one: \_\_\_\_ Male \_\_\_\_ Female

Check one of the following:

Race/Ethnic Group: \_\_\_\_White \_\_\_\_Black \_\_\_\_Hispanic \_\_\_\_Native American \_\_\_\_Pacific Islander