

Mackenzie Brewing Company

932 Meramec Station Road Suite E & F Valley Park, Missouri 63088

Application for Employment

Hiring Policies and Procedures

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX (INCLUDING PREGNANCY), COLOR, AGE, NATIONAL ORIGIN, DISABILITY OR ANY OTHER PROTECTED STATUS. WE BASE OUR HIRING DECISIONS ON A VARIETY OF FACTORS, INCLUDING SKILLS AND ABILITY TO PERFORM THE JOB, PRIOR EMPLOYMENT EXPERIENCE, EMPLOYMENT REFERENCES AS TO CHARACTER AND WILLINGNESS TO WORK, WILLINGNESS TO ACCEPT THE OFFERED SALARY, AND PERSONAL INTERVIEWS.

PERSONAL INFORMATION	ON								
LAST NAME	FIRST NAME	FIRST NAME			NAME		DATE		
ADDRESS	CITY, STATE	CITY, STATE			<u> </u>		ARE YOU OVER THE AGE OF 18?		
							☐ YES	□ NO	
MOBILE PHONE	EMAIL ADDRI	EMAIL ADDRESS			A U.S. CITIZEN GHT TO WORK		HAVE YOU EVER PLEADED GUILTY, NO-CONYEST OR BEEN CONVICTED OF A CRIME?		
					□ YES □	NO	☐ YES	□ NO	
IF YES, PROVIDE DETAILS:									
SOCIAL SECURITY					Return this application to MKNZ with a copy of your driver's license or photo ID, a copy of your Hepatitis A vaccination and your Serve SMART (or third-party) server training.				
AVAILABILITY									
HOURS AVAILABLE TO WORK	MON	TUES	5 V	WED	THUR	FRI	SAT	SUN	
FROM									
ТО									
REFERENCES									
Please list at least 3 individuals who a	are qualified to eva	aluate your a	bilities; prefe	rably mana	gers, peers and	subordinates. [Oo not include relati	ves.	
NAME	RELATIC	ELATIONSHIP T		.E	COMPANY		PHONE #		
1.									
2.									
3.									
4.									

EMPLOYMENT INFO	ORMATION					
1. ORGANIZATION NAME &	POSITION	START DATE	END DATE			
ADDRESS	CITY, STATE	ZIP CODE	MAY WE CONTACT SUPERVISOR?			
			☐ YES ☐ NO			
SALARY	SUPERVISORS NAME & TITLE		PHONE #			
REASON FOR LEAVING			1			
2. ORGANIZATION NAME 8	& POSITION	START DATE	END DATE			
ADDRESS	CITY, STATE	ZIP CODE	MAY WE CONTACT SUPERVISOR?			
			☐ YES ☐ NO			
SALARY	SUPERVISORS NAME & TITLE		PHONE #			
REASON FOR LEAVING						
3. ORGANIZATION NAME & POSITION		START DATE	END DATE			
ADDRESS	CITY, STATE	ZIP CODE	MAY WE CONTACT SUPERVISOR?			
			☐ YES ☐ NO			
SALARY	SUPERVISORS NAME & TITLE		PHONE #			
REASON FOR LEAVING						
4. ORGANIZATION NAME &	R POSITION	START DATE	END DATE			
ADDRESS	CITY, STATE	ZIP CODE	MAY WE CONTACT SUPERVISOR?			
			☐ YES ☐ NO			
SALARY	SUPERVISORS NAME & TITLE		PHONE #			
REASON FOR LEAVING						
= ::			ture on this form attests that all information I provided tomission, may disqualify me from consideration for			
			on for employment may depend upon results from my			
	_	= :	MKNZ, LLC d/b/a Mackenzie Brewing Company or it: tements made in this application or resume, characte			
information, general reputation		=	ility, any individual, school, institution(s), or employe			
		-	illity in the United States. I agree to immediately notify			
sexual misconduct, abuse or v	iolence while my application is pending and	during employment, if hired. Applic	nesty, breach of confidentiality, controlled substances cant understands that employment with this employe			
would be at-will and that th jeffrey@mknzbrewing.com	is application for employment does not c	reate an employment contract or	promise of employment. Please return via email to			
Signature of Applicant:		Date:				