



Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

*(Unless applying for a distribution position, you may omit minor traffic related crimes [speeding, etc.]*

If yes, explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. Be sure to explain in detail any conviction(s) relating to alcohol (driving while intoxicated, selling/providing alcohol to minors, etc.) as well as any felony conviction(s).

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**Employment History:**

Please list your work experience for the **past five years** beginning with your most recent job held.

Date:	Business/Employer's Name:	Salary:	Position:	Reason for Leaving:

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**References:**

Provide the names of three people not related to you that you have known for at least one year.

Name:	Relation:	Phone:	Email:	Time Acquainted:

**Authorization:**

*I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on the application shall be grounds for dismissal as well as possible criminal and/or civil prosecution.*

*I authorize investigation of all statements contained herein and the references and employers listed above to give Foothills Brewing any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Foothills Brewing from all liability for any damage that may result from utilization of such information.*

*I also understand and agree that no representative of Foothills Brewing has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by a representative of the Foothills Brewing Board of Directors.*

*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) and other relevant federal and state laws.*

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