

TERMINAL GRAVITY

BREWING

DATE RECEIVED: _____

803 SE SCHOOL STREET | ENTERPRISE, OR 97828 | (541) 426-0158

NAME: _____

_____ Last First Middle

PRESENT ADDRESS: _____

_____ Street City Zip

PERMANENT ADDRESS: _____

_____ Street City Zip

PHONE NUMBER: _____ Have you worked for TG before? _____

REFERRED BY: _____ Age Group _____

Under 16 16-17 18-20 over 21

EMPLOYMENT DESIRED

POSITION DESIRED: 1. _____ 2. _____ 3. _____

Date you can start: _____ Date you plan to terminate: _____

Do you prefer: Part time: _____ Full time: _____ On call: _____

Would you be available: Weekends: _____ Holidays: _____ Midweek: _____

EMPLOYMENT HISTORY

Employer: _____ Location: _____

Phone Number: _____ Name of supervisor: _____

From: _____ To: _____ Rate of pay: \$ _____ Job Title: _____

Description of work: _____

Reason for leaving: _____

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