



EMPLOYMENT APPLICATION

Bent Paddle Brewing Company is an equal opportunity employer. we consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

CONTACT INFORMATION

DATE OF APPLICATION		POSITION APPLIED FOR			
FIRST NAME		M.I.	LAST NAME		
EMAIL	PRIMARY PHONE		SECONDARY PHONE		
CURRENT STREET ADDRESS		CITY		STATE	ZIP

APPLICANT ELIGIBILITY

	YES	NO
Can you submit proof that you are 21 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally authorized to work in the US? <i>Note: Proof will be required upon employment</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been discharged from a previous position involuntarily? If Yes, please explain	<input type="checkbox"/>	<input type="checkbox"/>
How did you hear about this position?		

AVAILABILITY

Date Available to Start Work	<input type="checkbox"/> Open Availability	<input type="checkbox"/> Limited Availability <small>Please fill out availability below</small>
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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Offices + Taproom: 1832 W Michigan St. | Production Facility: 1912 W Michigan St.

Duluth, MN 55806

218-279-2722 | jobs@bentpaddlebrewing.com

 **PADDLE RESPONSIBLY** 

EMPLOYMENT HISTORY

NAME OF CURRENT / MOST RECENT EMPLOYER			
STREET ADDRESS		CITY	STATE ZIP
HIRE DATE	END DATE	STARTING WAGE / SALARY	ENDING WAGE / SALARY
STARTING POSITION		ENDING POSITION	
DESCRIBE THE RESPONSIBILITIES OF YOUR POSITION			
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	PHONE
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
STREET ADDRESS		CITY	STATE ZIP
HIRE DATE	END DATE	STARTING WAGE / SALARY	ENDING WAGE / SALARY
STARTING POSITION		ENDING POSITION	
DESCRIBE THE RESPONSIBILITIES OF YOUR POSITION			
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	PHONE
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
STREET ADDRESS		CITY	STATE ZIP
HIRE DATE	END DATE	STARTING WAGE / SALARY	ENDING WAGE / SALARY
STARTING POSITION		ENDING POSITION	
DESCRIBE THE RESPONSIBILITIES OF YOUR POSITION			
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	PHONE
REASON FOR LEAVING			

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EDUCATION

	NAME + ADDRESS OF INSTITUTION	DEGREE	GRADUATE? Y/N
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
OTHER			

PROFESSIONAL + SPECIAL SKILLS

List any professional License or Registration you hold	
List Computer Skills (software programs, etc.)	
List Lift Equipment you can operate (forklift, etc.)	
List any additional comments or information you wish to provide, including additional skills or experience that you believe are relevant to the job you are applying for	

REFERENCES

Name / Professional Title	Address	Relationship	Phone

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ACKNOWLEDGEMENT + CONSENT

Please read carefully and sign

I understand that this application and any attachment are the property of Bent Paddle Brewing Co. (The “company”).

I certify that the statements completed by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I hereby grant the company permission to verify such statements, and i further understand that any false statement or omission on this application may be considered as sufficient cause for rejection of the application, or for dismissal if such false statement or omission is discovered subsequent to my employment.

I authorize any of the persons or organizations referenced in this application to give the company any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, in regard to any subjects covered by this application, and i release all such parties from all liability for any damage that may result from furnishing such information to the company.

I understand that any offer of employment is contingent upon the successful completion of pre-employment qualifications which may include a criminal background check.

I understand and agree that, if hired, my employment will be on an at-will basis and may be terminated at any time by either party with or without cause.

I understand that no representative of the company, other than the owners, has any authority to enter into any agreement modifying the at-will nature of such employment. I further understand that any such agreement must be in writing and signed by the president.

Applications for employment will remain active for 30 days after filing, based on the date of application, after which time they will be filed in an inactive file. To be considered for employment opportunities after that 30 day period, a new application must be completed.

Signature

Date

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