



220 South First Street
Pacific MO, 63069
(636) 257-2650
pacificbrewhaus@gmail.com

EMPLOYEE APPLICATION

DATE _____

(PLEASE PRINT)

NAME _____
LAST NAME First Name Middle Initial

ADDRESS _____
Street City, State ZIP

CELL PHONE _____ ALT PHONE _____

FAX _____ EMAIL _____

BIRTH DATE _____

SSN _____ DL# _____ STATE _____

AVAILABLE START DATE _____ PART TIME/ FULL TIME _____

AVAILABLE DAYS (LIST DAY/NIGHT/ANY)

MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____

EMERGENCY CONTACT INFORMATION

NAME OF CONTACT: _____ RELATIONSHIP: _____

CONTACT PHONE: _____

OFFICE USE ONLY

Hire Date _____

- Signed original I-9 (complete with address & social security #)
- Copy of Driver's License or valid state issued photo ID
- Copy of Social Security card
- Copy of Green Card (where applicable)

EMPLOYMENT HISTORY

(If you have a resume skip this request and attach)

Company	Address - Contact & Phone	Hire Date – End Date	Reason for Leaving

Other Skills:

List Schools attended:

Signature: _____

Date: _____