

# EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Completed application to:  
Hensley - Budweiser  
4201 North 45<sup>th</sup> Avenue  
Phoenix, Arizona 85031  
jobapplications@hensley.com

## PERSONAL INFORMATION

Please print legibly

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Preferred location:  Phoenix  Chandler  Prescott

How did you hear about Hensley? \_\_\_\_\_ Date available: \_\_\_\_\_

Rate of Pay Desired: \$ \_\_\_\_\_ (Check One)  Hour  Week  Month  Year

Do You Desire:  Part-Time  Full-Time  Either Are you willing to work any shift?  Yes  No

Are you willing to work..... Saturdays  Sundays  Extended Hours

Have you ever been employed by this company before?  Yes  No

If "Yes" please indicate dates of employment and positions held:

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Indicate name(s) under which you worked for this company (if different from current name): \_\_\_\_\_

Do you have any relatives employed by us:  Yes  No If "Yes" provide names and relationship(s): \_\_\_\_\_

Are you over the age of 18?  Yes  No If "No" state your age: \_\_\_\_\_

Have you ever been convicted of a felony or a "non-traffic" misdemeanor?  Yes\*  No

If "Yes" please fully explain circumstances and provide date(s): \_\_\_\_\_

*\*A conviction may not necessarily disqualify an applicant from employment*

If applying for a driving position, please provide:

License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Type(s): \_\_\_\_\_

## EDUCATIONAL RECORD

School	Name City, State	Check Last Year Completed	Did You Graduate?	Diploma/Degree Area of Study
High School	-----	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University	-----	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School	-----	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	-----	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Military Experience

Were you in the military service?  Yes  No If "Yes" which branch? \_\_\_\_\_

List activities in the service, including special training, that is relevant to the position you are applying for: \_\_\_\_\_

### EMPLOYMENT HISTORY SECTION

**Begin with the most recent employer and account for the last three (3) jobs. Include any substantial periods of unemployment or schooling.**

FROM		TO		Name and Address of Employer	Briefly Describe Duties	Salary or Wage	Reason for Leaving
Mo.	Yr.	Mo.	Yr.				
				Name Address Phone Supervisor		\$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharge
				Name Address Phone Supervisor		\$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharge
				Name Address Phone Supervisor		\$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharge

May we contact your present employer?    Yes    No

#### LIST THREE PERSONAL REFERENCES (Do not include relatives or former employees)

Name & Occupation	Address	Phone Number

#### LIST PROFESSIONAL TRADE, BUSINESS OR CIVIC ORGANIZATIONS AND ANY OFFICES HELD (Exclude memberships that would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

Organization	Offices Held

#### LIST SPECIFIC ACCOMPLISHMENTS, PUBLICATIONS, AWARDS OR ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER (Exclude anything that would reveal sex, race, religion, national origin, age, ancestry or other protected status.)


#### PLEASE READ CAREFULLY AND SIGN BELOW

The information set forth in this application is true, complete and accurate. I understand and agree that if employed, and during such period of employment, any false statements, misrepresentations of facts, or omissions made by myself become known, the Company may terminate my employment immediately.

**I hereby authorize the Company and/or its assigns to investigate my personal history and to obtain from my previous employers any information they have concerning me.**

The Company may do a comprehensive "background investigation" regarding the accuracy of my employment application, not excluding a Driver's Record, Financial Inquiry Report and other such investigative inquiries. Inquiries as to my character, general reputation, personal characteristics and work habits will be included and I hereby release and save harmless the Company, their assigns and other institutions/companies and their assigns from any and all liability which might otherwise be incurred by gathering and/or furnishing such information. I understand that a physical examination, drug and alcohol use test, and/or a pre-employment personality/performance profile review may be required.

**If employed, I understand that such employment is for no specific duration and may be terminated at any time with or without cause.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_