



EMPLOYMENT APPLICATION

lescheneauxdistillers.com
172 S Meridian St. #126
Cedarville, MI 49719
(906) 484-1213

We are requesting the following information in order to place you in the best possible position within our company. Please complete this application in full. In accordance with state and federal laws, Les Cheneaux Distillers, Inc. does not discriminate on the basis of age, religion, race, color, national origin, sex, disability, ancestry, or any other characteristic protected by law.
We appreciate your taking the time to complete this application.

GENERAL INFORMATION

NAME - LAST	FIRST	MIDDLE	
<input type="text"/>			
ADDRESS - STREET	CITY	STATE	ZIP
<input type="text"/>			
PRIMARY PHONE	ALTERNATE PHONE		
<input type="text"/>			
DATE OF BIRTH	POSITION YOU ARE APPLYING FOR		
<input type="text"/>			

EDUCATION

	SCHOOL	YEARS ATTENDED	DEGREE	YEAR OF GRADUATION
HIGH SCHOOL				
COLLEGE				
OTHER				

PLEASE LIST ANY CERTIFICATES, SPECIAL TRAINING, OR LICENSES RELEVANT TO THE POSITION YOU ARE APPLYING FOR:

<input type="text"/>
<input type="text"/>
<input type="text"/>

DATE YOU CAN BEGIN WORK

<input type="text"/>

IF HIRED, WILL YOU BE ABLE TO SHOW PROOF OF LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES?

____ YES ____ NO

DO YOU HAVE RELIABLE TRANSPORTATION TO/FROM WORK?

____ YES ____ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

____ YES ____ NO

IF SO, PLEASE EXPLAIN:

EMPLOYMENT HISTORY

DATES OF EMPLOYMENT	EMPLOYER/ADDRESS/CONTACT NAME/PHONE	TITLE/RESPONSIBILITIES	REASON FOR LEAVING
START DATE END DATE			
START DATE END DATE			
START DATE END DATE			
START DATE END DATE			
START DATE END DATE			
START DATE END DATE			

ARE THERE ANY PREVIOUS EMPLOYERS THAT WE MAY NOT CONTACT? _____

PLEASE READ BEFORE SIGNING:

I certify that to the best of my knowledge the information on this application is correct and complete, and that I have not knowingly withheld any fact or information. I understand that falsifying or purposefully withholding information on this form may cause my disqualification for consideration or dismissal from employment. I also understand that any offer of employment is contingent upon my submitting proof of legal authorization to work in the United States according to law. I understand that failure to provide satisfactory proof of authorization to work in the United States and proof of identity will disqualify me from employment. I understand that if hired, I will be an employee at will with no contractual right to remain employed. I agree that employment may be terminated at any time, with or without notice or cause at the option of my employer or myself. I also understand that if hired, I may be required to successfully complete the Michigan Server Training Requirement. I authorize Les Cheneaux Distillers to confirm and investigate any information contained in this application and to contact former employees unless otherwise stated.

Applicant Signature _____ **Date** _____