### **Employment Application**

		Applicant I	nforn	nation			
Full Name:		First				Date:	
Address:	Last	First			M.I.		
ridarooo.	Street Address					Apartment/Unit ‡	!
	City				State	ZIP Code	
Phone:			Email			ZII Gode	
Date of Birth		Social Security No.:				Salary: <b>\$</b>	
Position App	blied for :	FT?	PT?	Date Av		, <u>.</u>	
Are you a cit	(Please be spetizen of the United States?	ecific. i.e. do not write YES NO			authorized with p	roof to work in YES the U.S.?	NO
Have you ev	rer worked for this company	YES NO y?	If yes	, when?_			
Have you ev	ver been convicted of a felo	YES NO					
If yes, explai	in:						
We do not p	ermit smoking while on dut	y. Are you willing to o	omply	?	YES NO		
	. of lifting several times a dang and able to comply with		YI	of the kito		positions.	
	ur feet for 6 to 9 hours at a ng and able to comply with		_	dining r	oom, kitchen, and	d brewery positions.	
	Education						
High School	:	Address:					
From:	To:	Did you graduate?	YES	NO	Diploma::		
College:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

	Refere	ences		
Please list three professional re-	ferences.			
Full Name:				Relationship:
Company:				Phone:
Address:				
Full Name:				Relationship:
Company				Phone:
Address:				
Full Name:				Relationship:
Company				Phone:
Address:				
(List most recent 5 years	Previous Ei s explaining any gaps neces	more tha		ths. Add additional pages if
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting Sa	alary: <b>\$</b>		Ending Salary:
Responsibilities:				
	0:			
May we contact your previous sup	pervisor for a reference?	YES	NO	
				Phone:
Address:				Supervisor:
Job Title:	Starting Sa	alary: <u>\$</u>		Ending Salary:\$
Responsibilities:				
From: T	0:	Reason fo	r Leaving:_	
May we contact your previous sup	pervisor for a reference?	YES	NO	

Company:				Phone:			
Address:					Supervisor:		
Job Title:	Starting S	alary: <u>\$</u>	Ending Salary: <u>\$</u>				
Responsibilities: _							
From:	To:	Reason fo	or Leaving:				
May we contact you	ur previous supervisor for a reference?	YES	NO				
	Military	Service					
Branch:			_ From:_		To:		
Rank at Discharge:	t Discharge:		Type of Discharge:_				
If other than honora	able, explain:						

#### **Authorizations & At-Will Employment Agreement, Disclaimer and Signature**

#### (please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I under-stand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

#### AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, I understand, and I agree to the above.

Signature:	Date: