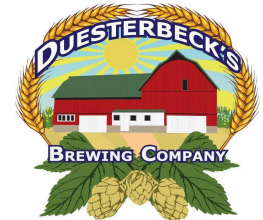


Duesterbeck's Brewing Company



Application for Employment

Date: _____

For what position are you applying?

Last Name			First	Middle
Address (Number, City, State, Zip)				What is your age:
Home/Cell Phone: ()				Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof will be required upon employment)

General Information

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you, with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for the work hours required of the position for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a bartender's license? Date you took bartending class:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime other than a traffic violation? If yes, please attach explanation. (Note: A conviction does not necessarily bar employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available to start:	
Please indicate what hours you are available to work: Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____	

Employment/Work Experience

List the last 7 years (or more if relevant) including periods of self-employment or unemployment. List present or most recent position first. Attach additional pages if needed.

Name of employer:	City, State
Employed: From and To (Month and Year)	Position(s) held:
Describe your duties:	
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of employer:	City, State
Employed: From and To (Month and Year)	Position(s) held:
Describe your duties:	

May we contact this employer: Yes No

Name of employer:	City, State
Employed: From and To (Month and Year)	Position(s) held:
Describe your duties:	
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

References

Please provide the information of 3 references that you have known for at last 3 years and are not related to.

Name of reference:	City, State	Phone:
How do you know person:	Known for how long:	
Name of reference:	City, State	Phone:
How do you know person:	Known for how long:	
Name of reference:	City, State	Phone:
How do you know person:	Known for how long:	

We are an equal opportunity employer

Please read the following and sign below

Authorization of reference and background checking

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquiries and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record and credit history. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

Applicant's Signature: _____ Date: _____