



APPLICATION FOR EMPLOYMENT

BREW CITY GRILL & BREW HOUSE

104 Shrewsbury Street
 Worcester, MA 01604
 (508) 752-3862
 www.Brew-City.com

This company is an equal opportunity employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, age, national origin, ancestry or handicap.

PERSONAL	LAST NAME		FIRST	MIDDLE	SOCIAL SECURITY NUMBER — — —		
	STREET ADDRESS			CITY	STATE	ZIP CODE	
	HOME PHONE () ()		CELL PHONE () ()		ARE YOU 18 YEARS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		HAVE YOU SERVED IN THE U.S. MILITARY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, RANK		
	CONVICTED OF OR PLEADED NO CONTEST TO A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, PLEASE EXPLAIN				

INTEREST	POSITION APPLYING FOR			DATE YOU CAN START			SALARY DESIRED				
	ARE YOU PRESENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>							
	HAVE YOU EVER APPLIED TO BREW CITY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF SO, WHEN?							
	DAYS AND HOURS AVAILABLE TO WORK				SUN	MON	TUES	WED	THURS	FRI	SAT
FROM											
TO											

EDUCATION		NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
	HIGH SCHOOL				
	TRADE OR BUSINESS				
	COLLEGE				
	OTHER				

EMPLOYMENT	LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT FIRST					
	DATE MONTH & YEAR		NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
	FROM					
	TO					
	FROM					
	TO					
	FROM					
	TO					
	FROM					
	TO					

REFERENCES	GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR				
	NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION	<p>I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.</p> <p>I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.</p> <p>I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.</p> <p>This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.</p>		
	<table border="1"> <tr> <td>DATE</td> <td>SIGNATURE</td> </tr> </table>	DATE	SIGNATURE
	DATE	SIGNATURE	

DO NOT WRITE BELOW THIS LINE

REMARKS	CONTACT DATE	INTERVIEWED BY	INTERVIEW DATE	
	COMMENTS			
	NEATNESS		CHARACTER	
	PERSONALITY		ABILITY	
	HIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	POSITION	STARTING DATE	SALARY

