

An equal opportunity employer



Today's Date _____ 20____

Application for employment

Personal Information

Name (Last name first)		Social Security	
Present Address	City	State	Zip code
Permanent Address	City	State	Zip code
Phone No.	Email	Referred by	
Do you possess lawful documents, visa or immigration papers allowing you to legally work in this country?			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	

Expectations for applicants at the Dillon Dam Brewery.
*The Dam Brewery expects every staff member to be, or be willing to become, a **self starter**. We expect every person that works here to be **team oriented**. We particularly look for the kitchen and front of the house staff to work as a team! This is a very fast paced, seasonal business, environment and staff need to be **self-directed** if we are to accomplish our goal of great customer service. If you are a, self starting, team player, then we want to consider you for our **Dam Team!!***
Please initial below if you are in agreement with these expectations.
Your initials here _____

Employment Desired

Position	Date you can start	Salary/wage desired
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	

	Name and location of school	Years attended	Graduate?	Subjects studied
High School				
College				
Trade or Correspondence School				

Note: Be sure to give phone numbers of all references

References Give the names of three persons not related to you, whom you have know at least one year.

Name	Address	Phone number	Business	Years Known

Former employers (List below last four employers with most recent one first, be sure to give phone numbers of employer)

Date Month and Year	Name, City, State, Phone # Required	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				

Have you ever been involuntarily terminated by any employer? Yes No (Circle correct answer)

If yes, please fill in date, company name, address and phone number. _____

dillon **DAM** brewery

Please answer the questions below to the best of your ability.

Which past job did you like the best? _____

What did you like most about that job? _____

What special skills do you have? _____

Why do you want to work at the Dam Brewery? _____

Why do you like food and beverage service? _____

Are you older than 21? Yes No If under 21 please list age here _____

What kind of schedule desired? _____ How many hours a week? _____

Are you here on a seasonal basis, if so when do you plan on leaving Summit County? _____

List shifts day or night that you would like to work.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Write in any special notes about scheduling you want us to know. _____

Initial here

Please note: *No vacations will be available December 23 - Jan 10, Feb 15- March 31 or July 1 to August 25* _____

Are there any multiple days off, more than three in a row required in next 90 days? _____

If so please describe? _____

"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. I authorize investigation of all statements contained herein and the references and the 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 releases the companies and persons providing the references and the Dam Brewing Company from all liability for any damage that may result from utilization of such information.

I understand all employees are employed, "At-Will." My employment may be terminated with or without cause at any time and without advance notice, procedure or formality. I also understand and agree that no representative of the company has any authority to enter any agreement or employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the President of this company,

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 or state laws."

Date _____ Signature _____

Do not write below this line

Remarks

Social Security upon job offer: _____

Note: Manager Approval 1.) _____ 2.) _____ Position(s) _____ Hire start date _____ Time in _____

Reports to: _____ Rate of pay: _____ Training person _____ 30 day review on _____