

## PERSONAL INFORMATION: (please print clearly)

NAME	FIRST	MIDDI F	I AST		SSN#	
					ZIP/POSTAL CODE	
PHONE	E	MAIL		ARE YOU 21	YEARS OF AGE OR OLDER? YES	
				_	(PROOF OF AGE OR WORK PERMIT MAY BE REQUIF	
EMERGENCY CON						
NAME	RST 1	M.I.	LAST	PHONE		
					ZIP/POSTAL CODE	
AVAILABILITY: What type of position are you seeking?   PART TIME  FULL TIME  LIMITED HOURS						
Please check the days you are available to work:  TOTAL HOURS AVAILABLE PER WEEK:						
			☐ SUN	AVAILABLE	TO BE "ON CALL"? 🔲 YES 🔲 NO	
				DATE AVAI	LABLE TO START WORK:	
			AVAILABL	E TO WORK O	FFSITE 4P EVENTS? YES NO	
SCHOOL MOST R	ECENTLY ATTENDED	<b>D</b> :				
NAME			CITY/STATE			
LAST GRADE COMPLETED MAJOR/AREA OF STUDY						
GRADUATED? TYES NO NOW ENROLLED? TYES NO HIGHEST DEGREE EARNED						
SPORTS/ACTIVITIES						
HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ YES ☐ NO						
	lain:	_	<del></del>			
ARE YOU CURREN	TLY EMPLOYED? 🔲 Y	'ES 🗌 NO If YE	ES, please list first ι	ınder MOST R	ECENT EMPLOYMENT?	
MOST RECENT E	MPLOYMENT:					
COMPANY ADDRESS						
					HONE	
POSITION		SUPERVISOR		DAT	TES WORKED	
WAGE REASON FOR LEAVING						
LIST DAILY RESPO	NSIBILITIES:					
OTHER EMPLOY	MENT:					
COMPANY			ADDRESS .			
CITY	ST/	ATE ZIP/P	OSTAL CODE	PHC	DNE	
POSITION		SUPERVISOR		DAT	FES WORKED	
WAGE	AGE REASON FOR LEAVING					
LIST DAILY RESPONSIBILITIES:						
Do we have your permission to contact you current employer:   YES NO  If NO, please explain:						



TRANSPURTATION:					
Do you readily have a form of transportation	i? YES NO ONLY	PART TIME			
If YES or PART TIME, in what form? $\square$ CAR	☐ BUS ☐ BIKE/WALK ☐ C	THER , describe?			
DO YOU HAVE ANY RESPONSIBILITIES THA	T MIGHT PREVENT YOU FROM	MEETING YOUR WORK SCHEDULE? ☐ YES ☐ NO			
If YES, please explain:					
SERVICE INDUSTRY EXPERIENCE:	_				
Do you have Service Industry experience? [	☐ YES ☐ NO				
If YES, please fill out below:					
		STATE			
POSITION	DATES WORKED	SUPERVISOR			
	CITY/STATE				
POSITION	DATES WORKED	SUPERVISOR			
COMPANY	CITY/STATE				
POSITION	DATES WORKED	SUPERVISOR			
Are you currently RAMP certified?   YES	within 6 months of	l employees to be RAMP certified being hired)			
BEER INTEREST:					
Preferred Style(s) of Beer:					
List your top 3 favorite breweries:					
Please RATE your level of beer knowledge:	□ NEW TO BEER □ AVERA	AGE   ENTHUSIAST   EXPERT			
Are you comfortable answering beer-related	questions from customers?	] YES □ NO			
Could you recommend beer styles to custom	ners? YES NO				
REFERENCES: (Please do not use family mem	bers)				
NAME	PHONE	RELATIONSHIP			
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Four Points BBQ & Brewing is an Equal Opportunity Employer and considers applicants without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity, genetic information, pregnancy, military status or other category protected by law. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. Four Points BBQ & Brewing expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Four Points BBQ & Brewing's employees to preform their job duties may result in discipline up to and including discharge.