



PERSONAL INFORMATION: (please print clearly)

NAME _____ SSN# _____
FIRST MIDDLE LAST
ADDRESS _____ CITY _____ STATE _____ ZIP/POSTAL CODE _____
PHONE _____ EMAIL _____ ARE YOU 21 YEARS OF AGE OR OLDER? ☐ YES ☐ NO
(PROOF OF AGE OR WORK PERMIT MAY BE REQUIRED)

EMERGENCY CONTACT:

NAME _____ PHONE _____
FIRST M.I. LAST
ADDRESS _____ CITY _____ STATE _____ 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:

☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

TOTAL HOURS AVAILABLE PER WEEK: _____

AVAILABLE TO BE "ON CALL"? ☐ YES ☐ NO

DATE AVAILABLE TO START WORK: _____

AVAILABLE TO WORK OFFSITE 4P EVENTS? ☐ YES ☐ NO

SCHOOL MOST RECENTLY ATTENDED:

NAME _____ CITY/STATE _____
LAST GRADE COMPLETED _____ MAJOR/AREA OF STUDY _____
GRADUATED? ☐ YES ☐ NO NOW ENROLLED? ☐ YES ☐ NO HIGHEST DEGREE EARNED _____
SPORTS/ACTIVITIES _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ YES ☐ NO

If YES, please explain: _____

ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO If YES, please list first under MOST RECENT EMPLOYMENT?

MOST RECENT EMPLOYMENT:

COMPANY _____ ADDRESS _____
CITY _____ STATE _____ ZIP/POSTAL CODE _____ PHONE _____
POSITION _____ SUPERVISOR _____ DATES WORKED _____
WAGE _____ REASON FOR LEAVING _____
LIST DAILY RESPONSIBILITIES: _____

OTHER EMPLOYMENT:

COMPANY _____ ADDRESS _____
CITY _____ STATE _____ ZIP/POSTAL CODE _____ PHONE _____
POSITION _____ SUPERVISOR _____ DATES WORKED _____
WAGE _____ REASON FOR LEAVING _____
LIST DAILY RESPONSIBILITIES: _____

Do we have your permission to contact you current employer: ☐ YES ☐ NO

If NO, please explain: _____



TRANSPORTATION:

Do you readily have a form of transportation? ☐ YES ☐ NO ☐ ONLY PART TIME

If YES or PART TIME, in what form? ☐ CAR ☐ BUS ☐ BIKE/WALK ☐ OTHER, describe? _____

DO YOU HAVE ANY RESPONSIBILITIES THAT 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:

COMPANY _____ CITY/STATE _____

POSITION _____ DATES WORKED _____ SUPERVISOR _____

COMPANY _____ CITY/STATE _____

POSITION _____ DATES WORKED _____ SUPERVISOR _____

COMPANY _____ CITY/STATE _____

POSITION _____ DATES WORKED _____ SUPERVISOR _____

Are you currently RAMP certified? ☐ YES ☐ NO If No, We require all employees to be RAMP certified within 6 months of 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 ☐ AVERAGE ☐ ENTHUSIAST ☐ EXPERT

Are you comfortable answering beer-related questions from customers? ☐ YES ☐ NO

Could you recommend beer styles to customers? ☐ YES ☐ NO

REFERENCES: (Please do not use family members)

NAME _____ PHONE _____ RELATIONSHIP _____

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