



THE STAR SPANGLED BREWING COMPANY APPLICATION FOR EMPLOYMENT

By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Star Spangled Brewing Company is an equal employment opportunity employer. All applicants are considered for all positions without regard to race, religion, color, sex, gender identity, sexual orientation, pregnancy, age, national origin, physical or mental disability, or any other protected classification, in accordance with applicable federal, state, and local laws.

Position(s) Applied for:			
Date of Birth and Driver Lic #:			
Print Name (Last, First, & Middle)		Date of Application	
Home Street Address		City	State Zip Code
Main Phone Number	Alternate Phone Number	Email	

Employment Experience

Please list the names of your current or previous employers in chronological order with your current or last employer listed first.

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Main Phone Number	
Dates Employed (Month/Year)		Pay Rate	
From	To	Starting	Final

Job Title and Duties		Reason for Leaving	
Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Main Phone Number	
Dates Employed (Month/Year)		Pay Rate	
From	To	Starting	Final
Job Title and Duties		Reason for Leaving	

Are you a veteran of the U.S. Armed Forces?..... Yes No

If a veteran, which service, MOS, and length of service?

For background check purposes, what is your date of birth?

For background check purposes, what is your drivers Lic state and #?

What type of military discharge did you receive?

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

Have you ever been convicted of a felony or any crime involving drugs, assault, or alcohol?..... Yes No

If yes, please explain (A background check will be performed)

Do you use illegal drugs?..... Yes No

How often do you consume alcohol? How much in one sitting?

If yes, please explain:

Please explain any gaps in your employment history:

Please list any other experience; job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/ No)	Course of Study/ Major	Specialized Training, Skills, or Extra-Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					

REFERENCES: PLEASE LIST THREE REFERENCES OF INDIVIDUALS WHO ARE NOT RELATED TO YOU.

Name and Title	Relationship	Phone Number or Email

GENERAL INFORMATION

Are you married?

Do you have children and if so how many and how old?

Have you ever worked at a brewery? If so, where?

Are you a home brewer? If so, how many years?

What is your favorite style of beer?

Can you lift at least 50 pounds above your waist?

Are you a member of any local or national organizations? If so, which?

On what date are you available to begin work?

Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you available to work? Full-time Part-time

Minimum salary required:.....Per Hour \$_____OR Per Year \$_____

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 21 years old?..... Yes No

Note: If under 21, hire is subject to verification that you are of minimum legal age.

If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No

Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No

Note: No applicant will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

APPLICANT STATEMENT AND AGREEMENT: PLEASE READ AND INITIAL EACH PARAGRAPH BELOW. IF THERE IS ANYTHING THAT YOU DO NOT UNDERSTAND, PLEASE ASK.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge and have not withheld any information relative to my application. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize The Star Spangled Brewing Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to Star Spangled Brewing Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release The Star Spangled Brewing Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with The Star Spangled Brewing Company I understand that I am required to comply with all rules and regulations of the company. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of The Star Spangled Brewing Company, or myself.

_____ I understand that safety of employees is extremely important to The Star Spangled Brewing Company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if employed by The Star Spangled Brewing Company I enter into a “no completion agreement” under which I will not seek employment or independent business opportunity’s within 50 miles of The Star Spangled Brewing Company for a period of no less than three years.

_____ I understand that all marketing, logos, recipes, operations, and procedures of The Star Spangled Brewing Company are proprietary and will not be divulged to competing organizations.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

_____ Filling out this application does not constitute a promise or guarantee of employment at The Star Spangled Brewing Company.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____ **Full Name (print):** _____
Date: _____