

Employment Application



Date:	Position applying for:	Date available to start:	
Name:		Phone:	
Address:	City:	State:	Zip:

Have you ever been convicted of a felony? (If yes, please explain...)

Yes No

Education

High School (Name/Location):	Major or Vocational Subjects:	Length of Time/Degree/Certificate:
College (Name/Location):	Major or Vocational Subjects:	Length of Time/Degree/Certificate:
Other (Name/Location):	Major or Vocational Subjects:	Length of Time/Degree/Certificate:

Employment History START WITH MOST RECENT JOB AND WORK BACKWARDS - AND/OR - ANY RESTAURANT EXPERIENCE

Employer: _____ From (Mo/Yr) _____ To (Mo/Yr) _____
 Pay rate: _____ Duties: _____
 Supervisor name/phone: _____ May we call for a reference? Yes No
 If "no", why? _____
 Reason for leaving? _____

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 Reason for leaving? _____

Red Rock Brewing Company is an Equal Opportunity Employer (EOE). Qualified applicants are considered for employment without regard to age, race, color, religion, sex, national origin, sexual orientation, disability, or veteran status.

Turn Over

Please answer the following questions...

How would Red Rock benefit from hiring you?

What does good customer service mean to you?

What do you feel would be the most challenging part of a job here at Red Rock?

Do you have any obligations (family or social) that would prevent you from working regularly, or from working overtime?

Do you have any physical limitations that would prevent you from properly performing the work required in this job?

If yes, what can be done to accommodate your limitations?

Are you legally entitled to work in the United States?

Yes No

Do you have a valid SIPS-n-TIPS or SMART card (for servers and bartenders)?

Yes No

Do you have a valid Food Handlers card (for servers, bartenders, bussers, hosts)?

Yes No

Place an "X" in the hours you are NOT available to work:

Monday AM (10-4) ____ PM (4-12) ____	Friday AM (10-4) ____ PM (4-1) ____
Tuesday AM (10-4) ____ PM (4-12) ____	Saturday AM (10-4) ____ PM (4-1) ____
Wednesday AM (10-4) ____ PM (4-12) ____	Sunday AM (10-4) ____ PM (4-12) ____
Thursday AM (10-4) ____ PM (4-12) ____	Do you expect any changes to your schedule in the next 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

Referred by: _____

Other references (Name, phone, occupation): _____

I certify that the statements on this form are true. I understand the information is subject to verification and that the making of false statements can be cause for dismissal. I authorize you to obtain rmer employers and others, and I release all concerned from any liability in that regard.

Signature: _____ Date: _____