



Employment Application

JOIN OUR TEAM!

Carroll Brewing Company is looking for talented employees to add to our great team. We are offering a number of part-time positions, including bartenders and serving staff.

If you would like to apply, please save this application to your computer, fill it out using the provided form fields and email the completed PDF application to taproom@carrollbrewing.com.

PERSONAL INFORMATION

Name

FIRST _____ LAST _____

Present Address

STREET ADDRESS _____ CITY _____ STATE _____

ADDRESS LINE 2 _____ ZIP CODE _____

Permanent Address

STREET ADDRESS _____ CITY _____ STATE _____

ADDRESS LINE 2 _____ ZIP CODE _____

Phone _____ Alternate Phone _____ Have you ever been convicted of a felony?
 YES NO

When is the best time to reach you? Are you 19 years or older? If yes to the above, please explain.
 MORNING AFTERNOON EVENING YES NO

DESIRED EMPLOYMENT

Position Desired (check all that apply): SERVER BARTENDER

Please list the hours you are available to work each week:

Tues. ____:____ PM to ____:____ PM Wed. ____:____ PM to ____:____ PM Thurs. ____:____ PM to ____:____ PM

Fri. ____:____ PM to ____:____ PM Sat. ____:____ PM to ____:____ PM Sun. ____:____ PM to ____:____ PM

Have you ever applied to this company before? Have you ever worked for this company before?
 YES NO YES NO

FORMER EMPLOYERS *List your last three employers, starting with the most recent.*

Employer 1

COMPANY NAME _____ FROM ____/____ TO ____/____ \$ STARTING PAY _____ \$ ENDING PAY _____

STREET ADDRESS _____ SUPERVISOR _____ PHONE _____

ADDRESS LINE 2 _____ JOB TITLE _____ REASON FOR LEAVING _____

CITY _____ STATE _____ ZIP CODE _____ DUTIES _____

FORMER EMPLOYERS *Continued*

Employer 2

COMPANY NAME _____			FROM / _____	TO / _____	\$ _____	\$ _____
STREET ADDRESS _____			SUPERVISOR _____		PHONE _____	
ADDRESS LINE 2 _____			JOB TITLE _____		REASON FOR LEAVING _____	
CITY _____	STATE _____	ZIP CODE _____	DUTIES _____			

Employer 3

COMPANY NAME _____			FROM / _____	TO / _____	\$ _____	\$ _____
STREET ADDRESS _____			SUPERVISOR _____		PHONE _____	
ADDRESS LINE 2 _____			JOB TITLE _____		REASON FOR LEAVING _____	
CITY _____	STATE _____	ZIP CODE _____	DUTIES _____			

EDUCATION

High School

SCHOOL NAME _____			NUMBER OF YEARS ATTENDED _____	Graduated?
SCHOOL ADDRESS _____				<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS LINE 2 _____				
CITY _____	STATE _____	ZIP CODE _____		

College

SCHOOL NAME _____			DEGREES / SUBJECTS STUDIED _____	
SCHOOL ADDRESS _____			NUMBER OF YEARS ATTENDED _____	Graduated?
ADDRESS LINE 2 _____				<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY _____	STATE _____	ZIP CODE _____		

Other Education

SCHOOL NAME _____			DEGREES / SUBJECTS STUDIED _____	
SCHOOL ADDRESS _____			NUMBER OF YEARS ATTENDED _____	Graduated?
ADDRESS LINE 2 _____				<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY _____	STATE _____	ZIP CODE _____		



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REFERENCES

Reference 1

REFERENCE NAME _____

BUSINESS _____

REFERENCE ADDRESS _____

EMAIL _____

ADDRESS LINE 2 _____

PHONE _____ YEARS KNOWN _____

CITY _____ STATE _____ ZIP CODE _____

Reference 2

REFERENCE NAME _____

BUSINESS _____

REFERENCE ADDRESS _____

EMAIL _____

ADDRESS LINE 2 _____

PHONE _____ YEARS KNOWN _____

CITY _____ STATE _____ ZIP CODE _____

PLEASE READ & SIGN BELOW

"By typing my name below, 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 termination.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

NAME _____

DATE _____