



# 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 [jonc@carrollbrewing.com](mailto:jonc@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  TAPROOM DIRECTOR

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 / _____	\$ _____ STARTING PAY	\$ _____ ENDING PAY
STREET ADDRESS _____	SUPERVISOR _____	PHONE _____	
ADDRESS LINE 2 _____	JOB TITLE _____	REASON FOR LEAVING _____	
CITY _____ STATE _____ ZIP CODE _____	DUTIES _____		

### Employer 3

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 _____		

## EDUCATION

### High School

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

### College

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

### Other Education

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

## 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 \_\_\_\_\_