



CAPITOL CITY BREWING COMPANY

EMPLOYMENT APPLICATION

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PLEASE NOTE: MINIMUM AGE TO WORK AT CAPITOL CITY BREWING COMPANY: 18 YEARS OLD

PERSONAL INFORMATION (PLEASE PRINT)

Last Name		First Name		Middle Initial	Social Security Number	
Address			City		State	Zip Code
Contact Telephone Number				Email Address		

EMPLOYMENT INTERESTS

Type Of Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Location: (please circle) Downtown Shirlington	Date Available to Start Work:	Referred by:
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Position applying for: (check all that apply)

<input type="checkbox"/> Bar Staff	<input type="checkbox"/> Brewery Staff	<input type="checkbox"/> Busser	<input type="checkbox"/> Dish/Utility	<input type="checkbox"/> Host/Door
<input type="checkbox"/> Line Cook	<input type="checkbox"/> Management	<input type="checkbox"/> Prep Cook	<input type="checkbox"/> Wait Staff	<input type="checkbox"/> Other

AVAILABILITY

Please list the shift you are available to work. Every employee of this company is required to offer a minimum of three shifts for work each week. Check with your store's manager for in-times. Please circle the shifts which you are available to work.

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

BACKGROUND

1. Are you able to arrive to work on time (as scheduled)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have any objection to working overtime if needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been previously employed by our organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Can you submit proof of legal employment authorization and identity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATIONAL BACKGROUND

	Name of School and Location	Graduated		# of Years Completed	Degree/Major Courses/Certificate
High School		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
College		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

OTHER SKILLS, QUALIFICATIONS AND TRAINING (summarize any job-related training, skills and/or licenses)

EMPLOYMENT HISTORY – Begin with your most recent job. List each job separately.

From:	To:	Employer	City/State/Zip
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Telephone Number	Immediate Supervisor and Title	Position Held	Salary
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Duties Performed:**Reason for leaving:**

From:	To:	Employer	City/State/Zip
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Telephone Number	Immediate Supervisor and Title	Position Held	Salary
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Duties Performed:**Reason for leaving:**

From:	To:	Employer	City/State/Zip
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Telephone Number	Immediate Supervisor and Title	Position Held	Salary
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Duties Performed:**Reason for leaving:****REFERENCES:** (do not include relatives or employers)

	Name	Telephone Number	Years Known
1			
2			
3			

SIGNATURE

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer, or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable state or federal law. I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I understand that the Company may require the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the Company's discretion. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature:	Date:
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