



EMPLOYMENT APPLICATION

TO BE COMPLETED BY APPLICANT
An Equal Opportunity Employer



GENERAL

Date _____

Last Name		First Name		Middle Initial	Social Security Number (Enter Last 4 Digits) xxx - xx -		
Address			City	State	Zip		
Home Phone Number	Person to Notify in Case of Emergency		Emergency Phone Number		Drivers License Number/State		
Cell Phone Number			Email Address				
Do you have any relatives working for Brubaker's Pub? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give name, relationship, department location:				How were you referred?			
Position Desired			Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Date You Can Start / /		
Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Can you perform the essential functions of the position with or without accommodation? If with, what accommodations are needed?					Are you a U.S. Citizen or are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously been employed by Brubaker's Pub?		If Yes, Dates of Employment From: / / To: / /		Name of Supervisor		Your name at time of previous employment	
U.S. Military Service	Active Duty From / To /	Reserve Duty From / To /	Branch of Service		Rank at Discharge	Reserve Status	

EDUCATION

	Name and Address of School	Major	Minor	No. of Years Attended	Diploma/Degree
High School					
College					
Other (Specify)					

EMPLOYMENT (List all present and past employment including military beginning with most recent)

Company/Type of Business	Address	Name of Supervisor	
Type of Work/Duties Performed	Phone A/C	From Mo. Yr.	To Mo. Yr.
Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	STARTING PAY	ENDING PAY
Company/Type of Business	Address	Name of Supervisor	
Type of Work/Duties Performed	Phone A/C	From Mo. Yr.	To Mo. Yr.
Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	STARTING PAY	ENDING PAY
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Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	STARTING PAY	ENDING PAY

PERSONAL REFERENCES (NOT FORMER EMPLOYER OR RELATIVES)

Name	Address	Phone A/C
Name	Address	Phone A/C

SIGNATURE

In submitting this employment application, I agree that any disputes or claims I may have against the Company concerning my application for employment or, if I am hired, my employment with the Company, will be resolved in accordance with the Company's Dispute Resolution Plan. I further understand that the only claims I may bring against the Company that will not be covered by the Dispute Resolution Plan will be claims for worker's compensation or unemployment compensation benefits.

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this information is grounds for dismissal in accordance with Brubaker's Pub policy. I authorize the references and supervisors listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that my employment relationship with Brubaker's Pub may be terminated either by me or by Brubaker's Pub at any time and for any reason without prior notice to the other party, and that no written or oral policies or statements of Brubaker's Pub or its employees as to employment is now or will be intended to constitute an express or implied contract. As part of Brubaker's Pub's employment procedures, an applicant may be required to undergo a pre-employment alcohol and drug screening that is conducted by a physician designated by the company. Wages, benefits and other terms and conditions of employment may be changed from time to time at the discretion of Brubaker's Pub. In compliance with the Fair Credit Reporting Act, I have been advised that a credit report may be ordered to check my credit history, and that I have the right to request that the reporting agency provide me with a copy of any report made. I have read and fully understand the above release section.

Signature _____ Date _____

For Management Use Only

Equal Opportunity Employer