



EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

name:		social security number:		date:	
street address:			phone:		
city:		state:		zip code	
email address:		position applied for:			
do you have a valid indiana bartender's license? [] y [] n		permit #:		expiration date:	

		monday	tuesday	wednesday	thursday	friday	saturday	sunday
HOURS AVAILABLE	from:							
	to:							

total hours available per week: _____

Are you at least 18 years of age? [] y [] n

Have you ever been convicted of a felony? [] y [] n (Answering "yes" does not automatically disqualify you from employment.)

If yes, please list the offense(s), date of conviction, name of the court(s), and disposition:

Are you able to perform the essential functions of the job for which you are applying? [] y [] n

Do you currently have any illness which can be spread by serving or preparing food? [] y [] n
If yes, please explain:

Please list your preferred style of beer and why:

EDUCATION & CERTIFICATIONS

	SCHOOL NAME	LOCATION	DIPLOMA, DEGREE, OR CERTIFICATE EARNED	MAJOR FIELD OF STUDY
HIGH SCHOOL				
BUSINESS/ TECHNICAL/ VOCATIONAL				
COLLEGE				
OTHER				

EMPLOYMENT HISTORY

list the most recent jobs first.

may we contact your present employer? []y []n

company name:		phone:
city:	state:	name of supervisor:
position held:		employed from (mo/yr): to:
pay to start:	last:	reason for leaving

company name:		phone:
city:	state:	name of supervisor:
position held:		employed from (mo/yr): to:
pay to start:	last:	reason for leaving

company name:		phone:
city:	state:	name of supervisor:
position held:		employed from (mo/yr): to:
pay to start:	last:	reason for leaving

company name:		phone:
city:	state:	name of supervisor:
position held:		employed from (mo/yr): to:
pay to start:	last:	reason for leaving

company name:		phone:
city:	state:	name of supervisor:
position held:		employed from (mo/yr): to:
pay to start:	last:	reason for leaving

company name:		phone:
city:	state:	name of supervisor:
position held:		employed from (mo/yr): to:
pay to start:	last:	reason for leaving

Anything else you wanna say?

I certify that the information provided in this application by me is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for denial of employment or immediate dismissal. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties of all liability for any damage that may result from furnishing information to Crooked Ewe, Inc. I understand that nothing contained in this employment application or in the granting of an interview creates an employment contract between Crooked Ewe, Inc. and myself for either employment or for the providing of any benefit. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Crooked Ewe, Inc. retains the same right according to the laws and regulations of the State of Indiana.

Signature: _____ Date: _____