



**APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

In order for you to be considered for employment, this application must be filled out in its ENTIRETY. All statements made by applicants for employment on this application form will be checked for accuracy.

Name		Today's Date	
Current Address			
Previous Address		E-mail address	
Have you ever worked for Narragansett Brewing before? If yes, position and dates?		Work Phone No	Alternate Phone No
Position(s) applying for (Must check specific position listed to be considered) <input type="checkbox"/> Server <input type="checkbox"/> Host <input type="checkbox"/> Bartender <input type="checkbox"/> Busser <input type="checkbox"/> Line Cook <input type="checkbox"/> Production <input type="checkbox"/> Utility		Home Phone No	Cellular Phone No
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are applying for a server or bartender position, do you meet the legal state age requirement to serve alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did someone refer you to apply for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No It is the policy of this employer to hire only United States Citizens or individuals authorized to work in the United States. All employees must verify employment eligibility prior to beginning work.			
Date you are available to start employment	How many hours per week do you expect to work?	Expected Hourly Rate	Expected Weekly Earnings
Relatives Employed by Narragansett Beer: Name:		Location:	Relationship:

Work Schedule Availability
What shifts/hours are you available to work?

Shift	MON	TUES	WED	THUR	FRI	SAT	SUN
Lunch	to	to	to	to	to	to	to
Dinner	to	to	to	to	to	to	to

Are you willing to work a split shift? Yes No
Are you willing to work holidays / weekends? Yes No

Are you willing to stay late in an emergency? Yes No

Education	Name and location of school	Last year completed	Courses majored in	Graduate? List Degrees.
High School		9 10 11 12		Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No
College		1 2 3 4		
Other				

Work History – List your last 3 jobs. Please fill out all information completely

	Current or Most Recent Job	Previous Job	Previous Job
Company Name			
Company Address			
Company Phone Number			
Name and Title of Immediate Supervisor			
Job Title / Position			
Dates of Employment	____/____ / ____/____ Month/Year to Month/Year	____/____ / ____/____ Month/Year to Month/Year	____/____ / ____/____ Month/Year to Month/Year
Reason for Leaving			
May we contact this employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY EXPERIENCE (If applicable)

Skills Acquired

VOLUNTEER EXPERIENCE, List Activities & Skills Acquired: (Exclude activities relating to race, religion, color, ancestry, age, national origin, gender and disability)

Statement

I certify the facts set forth in my application are true and complete. I understand and agree that, if employed, any misrepresentation, false statements, or omission of facts on this application may result in dismissal. I authorize Narragansett Beer to check all personal and employment references and to verify all information I have included on this application form.

I understand and agree that this application, policies, practices and procedures, and all other communication distributed to me by Narragansett Beer do not constitute or supplement any contract of employment. If I am hired, I understand and agree that all benefits, policies, and procedures may be changed by Narragansett Beer at any time, with or without notice. I further understand and agree that I have the option to terminate my employment relationship with Narragansett Beer, with or without cause and without notice at any time, and that Narragansett Beer retain a similar right.

Initial _____

Signature of Applicant

Date