



ASSOCIATED MICROBREWERIES, INC., & LTD. APPLICATION FOR EMPLOYMENT

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, marital status, disability or any other basis prohibited by law.

Please answer all questions completely. Use additional sheets of paper if the space provided is inadequate.

Personal Data:

Job Applied for: _____ Location _____ Today's date: ____ / ____ / ____
Mo. Day Year

Do you know anyone who is presently employed by the Company? Yes No

If No, how did you hear about us? _____

If Yes, please list name(s) and location(s): _____

Employment you are seeking: Full-time Part-time Temporary Date you can you begin work: _____

Name: _____
Last First Middle Initial

Address: _____ Years at current address: _____
Street City Zip

Home Phone: _____ Other Phone: _____

Person to notify in case of emergency:

Name: _____ Relation: _____

Address: _____ Phone: _____

Are you at least 21 years of age? Yes No If not, then are you under 18 years of age? Yes No

General:

Have you previously been employed by The Company? Yes No

If yes, please list dates and locations worked: _____

Have you ever applied for a job with The Company? Yes No

If yes, please list date and location applied to: _____

Have you ever been convicted of or pled guilty to a felony? Yes No If yes, please provide details below:
(A conviction will not necessarily disqualify an applicant from employment)

Can you perform the essential functions of the job for which you are applying? Yes No

If not, then what reasonable accommodations would you require? (If you would like information regarding the essential functions of the job, please ask the site General Manager for a job description) _____

Do you have the right to work in the United States.? Yes No

Education:

Name	City / State	Major	Degree	Did you graduate?
High School: _____				
College: _____				
Other/Vocational: _____				

References:

Please list three references that are not relatives or former employers

Name	Address	Occupation	Phone	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Experience:	List names of employers in consecutive order with present or last employer listed first.			
Address	From:	Start: \$		
City State Zip Code	To:	Final: \$		
Phone:	Reasons for Leaving:			

Name of Employer	Employed	Pay	Titles and Duties	Name of Supervisor
Address	From:	Start: \$		
City State Zip Code	To:	Final: \$		
Phone:	Reasons for Leaving:			

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Address	From:	Start: \$		
City State Zip Code	To:	Final: \$		
Phone:	Reasons for Leaving:			

Is there any additional information relative to change of name necessary to enable us to check your work record? Yes No

Explain: _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Have you ever been terminated from a job or asked to resign? Yes No

If yes, please explain: _____

Please identify and explain all periods of unemployment longer than one month during the last three years:

Please list any special skills you wish to mention: _____

Affidavit: The answers I have given in this application are true, correct and complete and without any consequential omissions of any kind. I understand the Company may rely on the truth of the answers I have given in deciding whether to offer me employment and that any misleading or incorrect statements may render this application void and, if employed, would be cause for termination. I authorize the Company to contract any of the persons, schools or companies set forth in the application for the purpose of obtaining information concerning my qualifications, experience, employment history, education and character. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company knowledge or information thereby acquired. All offers of employment are conditioned upon receipt of satisfactory evidence of identity and right to work in the U.S. and satisfactory responses to reference checks. I understand this application is not an offer of employment to me. If the Company makes an offer of employment to me at any time, I understand: (a) UNLESS I HAVE A WRITTEN EMPLOYMENT AGREEMENT STATING TO THE CONTRARY, MY EMPLOYMENT WITH THE COMPANY IS "AT WILL" AND IS NOT OFFERED, CONTRACTED OR PROMISED FOR ANY SPECIFIC LENGTH OF TIME; and (b) I HAVE THE RIGHT TO LEAVE THE COMPANY "AT WILL" AND AT ANY TIME, AND THE COMPANY HAS THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP "AT WILL" AT ANY TIME, WITH OR WITHOUT CAUSE, WITHOUT LIABILITY. I understand that all company property must be returned and any indebtedness to the company must be paid before my termination and any additional money owing to the Company for property may be deducted from my final paycheck.

Applicant Signature: _____ **Date:** _____

Company Use Only: Location: HO KSBG KSDT KSCB KSLJ KSCW KSCM KSMZ

If applicant has previously worked for The Company, the application must be approved by Home Office. HO Initial: _____

Interviewed by: _____ Date: _____ Interviewed by: _____ Date: _____

Reference Check by: _____ Date: _____ Employment Offered: Yes No Date: _____

Department: _____ Start Date: _____ Rate of Pay: _____



ASSOCIATED MICROBREWERIES, INC & LTD.

Voluntary Information for EEO Purposes

Associated Microbreweries, Inc. & Ltd. is an Equal Opportunity Employer.

State and Federal agencies require the Company to submit information that outlines the demographics of our employees. For this reason, we ask that you complete the voluntary information below, so that we can be sure to submit accurate information. The report generated from this information will be used to measure the effectiveness of our non-discrimination policies.

You are not required to furnish this information, but are encouraged to do so. We will not discriminate against you on the basis of this information; nor will we discriminate against you if you choose not to respond to this request for information.

This voluntary sheet will be separated from your application and kept in a confidential file. It will not be considered for purposes of employment.

In order to ensure confidentiality, please forward this information to the Home Office, attention: Human Resources.

Please do not hesitate to contact us at (858) 273-2739 if you have any questions.

Thank you.

DATE: _____

NAME (Optional): _____
(Last) (First)

JOB TITLE: _____

EEO CATEGORY (Check One):

- White
- Black or African American
- Hispanic or Latino
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Two or More Races

- Male Female