



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

5985 Santa Fe Street, San Diego, CA 92109.
jobs@karlstrauss.com (858) 273-2739

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

Your application will be active for thirty days from the date which your application is submitted.
Karl Strauss supports a "Drug Free" environment.

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: _____
Street City Zip

Home Phone: _____ Other 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 (minor marijuana convictions over two years old are exempt under Labor Code 432.8)? 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) _____

Can you prove 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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Name of Employer	Employed	Pay	Titles and Duties	Name of Supervisor
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. A valid I-9 must be submitted within three days of hire. 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 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: _____