



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 begin work: _____

Name: _____
Last First Middle Initial

Address: _____
Street City Zip

Primary Phone: _____ Email: _____

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: _____

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 Human Resources Department or the onsite General Manager for a job description.) _____

Can you prove you have the right to work in the United States? Yes No

Education:

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

College: _____

Other/Vocational: _____

References:

Please list three professional references

Name	Occupation	Phone	Years Know
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience:	List names of employers in consecutive order with present or last employer listed first.		
Name of Employer	Employed	Titles	Name of Supervisor
Address	From:		
City State Zip Code	To:		
Phone:	Reasons for Leaving:		
Name of Employer	Employed	Titles	Name of Supervisor
Address	From:		
City State Zip Code	To:		
Phone:	Reasons for Leaving:		
Name of Employer	Employed	Titles	Name of Supervisor
Address	From:		
City State Zip Code	To:		
Phone:	Reasons for Leaving:		
Name of Employer	Employed	Titles	Name of Supervisor
Address	From:		
City State Zip Code	To:		
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 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 KS4S KSTM KSN KSLA

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: _____

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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IF YOU HAVE THE RIGHT TO WORK



Don't let anyone take it away.

There are laws to protect you from discrimination in the workplace.

You should know that...

In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.

Employers cannot reject documents because they have a future expiration date.

Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

Contact IER

For assistance in your own language
Phone: 1-800-255-7688
TTY: 1-800-237-2515

Email us
IER@usdoj.gov

Or write to
U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

If any of these things happen to you, contact the Immigrant and Employee Rights Section (IER).



— DEPARTMENT OF JUSTICE —
IMMIGRANT & EMPLOYEE RIGHTS SECTION
— CIVIL RIGHTS DIVISION —

Immigrant and Employee Rights Section

U.S. Department of Justice, Civil Rights Division

www.justice.gov/ier