



Send Application to:
 Tap & Grill Lakeside Brew Haus
 31959 Dunwandrin Rd
 Gravois Mills, MO 65037
No Phone Calls

APPLICATION FOR EMPLOYMENT

In order to be considered for employment, this application must be COMPLETELY filled out

General

PLEASE PRINT

Date: _____

Name: _____ Social Security Number _____ - _____ - _____
First Last

Present Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Age: _____ Birth Date: _____ Phone _____

Are you legally able to work in the United States? Yes ____ No ____ (Proof of identity is condition of employment)

Specific Position you are applying for:

- Server Host Bartender Busser/Food Runner Docks Manager Back Office
 Security Kitchen Prep Kitchen Cook Chef Maintenance *Expected Hourly Rate* _____

Date available for employment: _____

Have you ever been convicted of a felony which has not been sealed by a court? _____ If Yes explain:

Work Availability

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Education

Type of School	Name of School	Location	Course Major	Last Yr Completed	Diploma? Y or N

Volunteer & Military Experience

Volunteer Experience: _____

US Military Experience: _____

Business Experience

Present Employer:	From/To	Immediate Supervisor
Address		Your Position:
City State Zip	Salary	Reason For Leaving
Previous Employer:	From/To	Immediate Supervisor
Address		Your Position:
City State Zip	Salary	Reason For Leaving
Past Employer:	From/To	Immediate Supervisor
Address		Your Position:
City State Zip	Salary	Reason For Leaving

I AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. ANY MISREPRESENTATION, FALSE STATEMENT OR OMISSION OF FACTS REQUESTED SHALL BE GROUNDS FOR REFUSAL OF EMPLOYMENT OR IMMEDIATE TERMINATION. I UNDERSTAND IF HIRED THAT ANY VIOLATIONS OF COMPANY RULES, POLICIES OR PROCEDURES SHALL BE GROUNDS FOR TERMINATION OF EMPLOYMENT. I AGREE TO CONFIRM TO THE RULES, REGULATIONS AND POLICIES ESTABLISHED BY THIS EMPLOYER. I UNDERSTAND MY EMPLOYMENT CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Date _____ Signature of Applicant _____