



# APPLICATION FORM

## PERSONAL INFORMATION

FULL NAME	APPLICATION DATE	MM / DD / YYYY
POSITION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	SOCIAL INSURANCE NUMBER	_____
ADDRESS	DO YOU HAVE RELIABLE TRANSPORTATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE NUMBER	SERVING IT RIGHT NUMBER	_____
EMAIL ADDRESS	FOOD SAFE CERTIFICATION LEVEL	

## EDUCATION

EDUCATION	NAME	COMPLETION DATE	CERTIFICATION
HIGH SCHOOL		MM / DD / YYYY	
COLLEGE / UNIVERSITY		MM / DD / YYYY	
OTHER QUALIFICATIONS		MM / DD / YYYY	

IN YOUR SPARE TIME, YOU LIKE TO

NAMES OF FRIENDS AND RELATIVES WORKING WITH US

## AVAILABILITY

	MON	TUES	WED	THURS	FRI	SAT	SUN
DAY SHIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NIGHT SHIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATE AVAILABLE TO START

MM / DD / YYYY

IDEAL NUMBER OF SHIFTS PER WEEK

WHAT DRIVES YOU TO BE IN THE FOOD AND BEVERAGE INDUSTRY?

HAVE YOU BEEN TO A TAP & BARREL / TAPSHACK BEFORE?

YES  NO

IF YES, HOW WAS YOUR EXPERIENCE? WHAT DID YOU EAT / DRINK?

HAVE YOU WORKED WITH US BEFORE?

YES  NO

IF YES, WHICH LOCATION AND WHEN?



# APPLICATION FORM

EMPLOYMENT HISTORY			
COMPANY NAME	POSITION	REPORTED TO	PHONE NUMBER ____-____-____
RESPONSIBILITIES		FROM	TO
		MM / YYYY	MM / YYYY
REASON FOR LEAVING			
COMPANY NAME	POSITION	REPORTED TO	PHONE NUMBER ____-____-____
RESPONSIBILITIES		FROM	TO
		MM / YYYY	MM / YYYY
REASON FOR LEAVING			
COMPANY NAME	POSITION	REPORTED TO	PHONE NUMBER ____-____-____
RESPONSIBILITIES		FROM	TO
		MM / YYYY	MM / YYYY
REASON FOR LEAVING			

IF YOU HAVE NO PREVIOUS EMPLOYERS, PLEASE PROVIDE US WITH TWO REFERENCES OTHER THAN FAMILY

NAME	RELATIONSHIP	PHONE NUMBER
		____-____-____
		____-____-____

DESCRIBE YOUR MOST MEMORABLE CUSTOMER SERVICE EXPERIENCE

WE THANK ALL CANDIDATES FOR THEIR APPLICATIONS, HOWEVER, ONLY THOSE SELECTED FOR AN INTERVIEW WILL BE CONTACTED.

I CERTIFY THAT THE INFORMATION PRESENTED ON THIS APPLICATION IS TRUE AND COMPLETE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME

MM / DD / YYYY  
DATE SIGNED

FIRST INTERVIEW	SECOND INTERVIEW
NAME	NAME
DATE	DATE
MM / DD / YYYY	MM / DD / YYYY