



Store Address: Hop Car Brewing  
 101 S Main Street  
 Butler, PA 16001

## Application for Employment

Name: (Last)	(First)	(Middle Initial)
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Local Address:

Street Address:	City:	State:	Zip Code:	Country:
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Home Address: (If different from local address)

Street Address:	City:	State:	Zip Code:	Country:
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Phone Number:	Mobile Phone Number:	E-Mail Address:
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Are you a citizen of the U.S. or do you have a legal right to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any offer of employment is conditional upon you completing Form I-9 and providing documents establishing your identity and work authorization.
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Are you 18 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If under 18 years of age, applicant will be required to submit a birth certificate or work certificate as required by State or Federal law.
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Have you ever pleaded "guilty", "no-contest" or been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", When and Where?
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If "Yes", please provide details:

Type of employment desired:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Date Available To Start:
How many hours per week would you like to work?		How far do you live from the restaurant?	
How were you referred to us?			

### Availability

Hours Available To Work		Mon	Tue	Wed	Thur	Fri	Sat	Sun
From:								
To:								
From:								
To:								
From:								
To:								

## Education

Are you presently enrolled in school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please provide name and address of the school you are attending:			
<u>School Name and Address:</u>	<u>Type Of Degree or Program:</u>	<u>Expected Completion Date:</u>	

Did you successfully complete high school and receive a diploma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you did not complete high school, do you have a high school equivalency diploma (GED)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Name and address of last school attended:

<u>School Name and Address:</u>	<u>Dates Attended:</u> From: To:	<u>Did You Graduate?</u> Yes No	<u>Date Of Degree:</u>	<u>Major:</u>
		<input type="checkbox"/> <input type="checkbox"/>		

List any other education, degrees, special skills, qualifications or certifications:

## Employment History

<u>Company Name and Address:</u>			<u>Job Title:</u>		
<u>Company Phone Number:</u>	<u>Supervisor Name:</u>	<u>Dates Of Employment:</u>	From:	To:	
<u>Last Pay Rate:</u>	<u>Reason For Leaving (If Applicable):</u>	<u>May We Contact This Employer?</u>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
<u>Company Name and Address:</u>			<u>Job Title:</u>		
<u>Company Phone Number:</u>	<u>Supervisor Name:</u>	<u>Dates Of Employment:</u>	From:	To:	
<u>Last Pay Rate:</u>	<u>Reason For Leaving (If Applicable):</u>	<u>May We Contact This Employer?</u>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	

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<u>Company Name and Address:</u>			<u>Job Title:</u>		
<u>Company Phone Number:</u>	<u>Supervisor Name:</u>	<u>Dates Of Employment:</u>	From:	To:	
<u>Last Pay Rate:</u>	<u>Reason For Leaving (If Applicable):</u>	<u>May We Contact This Employer?</u>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	

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<u>Company Name and Address:</u>		<u>Job Title:</u>		
<u>Company Phone Number:</u>	<u>Supervisor Name:</u>	<u>Dates Of Employment:</u>	From:	To:
<u>Last Pay Rate:</u>	<u>Reason For Leaving (If Applicable):</u>	<u>May We Contact This Employer?</u>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

### References

Name:	Address:	Phone:	Relationship To You:
Name:	Address:	Phone:	Relationship To You:

I have been given the opportunity to read this employment application thoroughly and ask questions. My signature on this form attests that all information I provided to the employer is true and complete. I understand that any false or misleading information, or significant omission, may disqualify me from consideration for employment; or if hired, may lead to my dismissal if discovered at a later date. I understand that consideration for employment may depend upon results from my references and potential background check. I grant Hop Car Brewing, LLC or its authorized agent, permission to obtain personal investigative reports on me, including, but not limited to statements made in this application or resume, character information, general reputation, education, licensing or certifications. I authorize and release from legal liability, any individual, school, institution(s), or employer providing information or opinion with respect to potential employment with this employer.

I understand that employment is contingent upon providing authentic proof of identity and employment eligibility in the United States, and for some positions passing a drug and alcohol test. I agree to be possibly submitted to drug testing as part of the hiring process with the employer, and understand that I will receive separate notice and release before testing. I agree to immediately notify Hop Car Brewing, LLC if I should be convicted of a felony, or any crime involving dishonesty, breach of confidentiality, controlled substances, sexual misconduct, abuse or violence while my job application is pending, or if hired, during employment. I acknowledge that employment with this employer would be at-will and that this application for employment does not create an employment contract or promise of employment.

<u>Signature of Applicant:</u>	<u>Date:</u>
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