



EMPLOYMENT APPLICATION

Name _____

Address _____

Phone Number _____

Email _____

Today's Date _____

*We are an equal opportunity employer dedicated to a policy of nondiscrimination in employment on any basis, including race, color, age, sex, religion, disability, or national origin. **You must be 18 years or older to apply.***

EMPLOYMENT DESIRED

Type of employment:

☐ Part-time ☐ Summer

☐ Full-time ☐ Temporary

Position _____

Date you can start _____

Salary desired _____

EDUCATION

College _____

High School _____

Location _____

Location _____

Years completed 1 2 3 4+

Years completed 1 2 3 4+

Did you graduate? ☐ Yes ☐ No

Did you graduate? ☐ Yes ☐ No

Major _____

Degree Attained _____

Other Education _____

EMPLOYMENT HISTORY

Are you currently employed?

☐ Yes☐ No

If so, may we contact your current employer?

☐ Yes☐ No

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EMPLOYER		EMPLOYED FROM	TO
SUPERVISOR NAME	ADDRESS		PHONE NUMBER
SUPERVISOR POSITION	CITY	STATE	ZIP CODE
YOUR POSITION	YOUR DUTIES		STARTING SALARY
REASON FOR LEAVING			ENDING SALARY

2

EMPLOYER		EMPLOYED FROM	TO
SUPERVISOR NAME	ADDRESS		PHONE NUMBER
SUPERVISOR POSITION	CITY	STATE	ZIP CODE
YOUR POSITION	YOUR DUTIES		STARTING SALARY
REASON FOR LEAVING			ENDING SALARY

3

EMPLOYER		EMPLOYED FROM	TO
SUPERVISOR NAME	ADDRESS		PHONE NUMBER
SUPERVISOR POSITION	CITY	STATE	ZIP CODE
YOUR POSITION	YOUR DUTIES		STARTING SALARY
REASON FOR LEAVING			ENDING SALARY

4

EMPLOYER		EMPLOYED TO	TO
SUPERVISOR NAME	ADDRESS		PHONE NUMBER
SUPERVISOR POSITION	CITY	STATE	ZIP CODE
YOUR POSITION	YOUR DUTIES		STARTING SALARY
REASON FOR LEAVING			ENDING SALARY

BUSINESS REFERENCES

Please list 3 references. People you have worked with are preferred. Do not include friends, relatives, or employers.

NAME	OCCUPATION	WORK RELATIONSHIP	PHONE NUMBER
1.			
2.			
3.			

MOVIE KNOWLEDGE

List 4 movies you've seen, and what you think of them.

MOVIE	COMMENTS
1.	
2.	
3.	
4.	

GENERAL

Do you have a current TABC Certificate?

☐ Yes ☐ No

Do you have a current Food Handler's Certificate?

☐ Yes ☐ No

Have you or any of your family members ever been employed by Nuckolls brewing?

Yes No

If yes, when: _____

State any additional information you may feel helpful to us in considering your application:

I certify that the information provided is true and correct. I understand that I must present appropriate identification before beginning work and that I must be available to work evenings, weekends, and holidays.

APPLICANT'S SIGNATURE