

GENERAL INFORMATION

(Last) _____ (First) _____ (Middle) _____ SOCIAL SECURITY NUMBER _____
NAME _____

CURRENT ADDRESS
No & Street _____
City, _____
State, Zip _____
Telephone _____ How long there? _____

LAST PREVIOUS
No & Street _____
City, _____
State, Zip _____
Telephone _____ How long there? _____

REFERRAL SOURCE: Newspaper Friend Relative Employee School Employment Agency State Agency Other _____

POSITIONS

Employment Position (s) Applied for:

| | | | YES | NO |
|------------------------|--------------------------|----------------------------------|--|--------------------------|
| Packaging | <input type="checkbox"/> | Number of years experience _____ | | |
| Maintenance & delivery | <input type="checkbox"/> | Number of years experience _____ | | |
| Brewer | <input type="checkbox"/> | Number of years experience _____ | | |
| Sales (Beer Tender) | <input type="checkbox"/> | Number of years experience _____ | | |
| Sales (Off premise) | <input type="checkbox"/> | Number of years experience _____ | | |
| | <input type="checkbox"/> | Number of years experience _____ | | |
| | <input type="checkbox"/> | Number of years experience _____ | | |
| | | | Are you available to work weekends and Holidays? | <input type="checkbox"/> |
| | | | Will you accept temporary work? | <input type="checkbox"/> |
| | | | Will you accept part-time work? | <input type="checkbox"/> |
| | | | Will you accept full-time work? | <input type="checkbox"/> |
| | | | Date available for work? | _____ |

PERSONAL

| | YES | NO | | YES | NO |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Do you have a legal right to work in this country? | <input type="checkbox"/> | <input type="checkbox"/> | Are you on lay-off status from another company and subject to recall? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you over 18 years of age? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a food handlers card? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have experience in salesmanship? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a servers permit to serve liquor responsibly (TIPS or Bars Code certified)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If applying for a position requiring you to serve alcoholic beverages, are you old enough to legally serve alcohol in this state? | <input type="checkbox"/> | <input type="checkbox"/> | Other names under which you have been employed _____ | | |
| Have you ever worked for our company before? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have relatives working for our company? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, state position, date left & reason _____ | | | Name(s) _____ | | |
| Supervisor _____ | | | Location _____ | | |

Name and address of person to notify in case of emergency

Name _____

Address _____

Telephone _____

QUESTIONS

Why would our brewery be a better place if we were to hire you? _____

Describe in your own words "What makes an employee employer relationship successful"? _____

What is your favorite Craft Brewery and Why? _____

What does the word "Craft Beer" mean to you? _____

What do you consider good service? _____

What brands of beer are currently in your fridge? _____

LEGAL/MEDICAL

| | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Have you ever been convicted of a misdemeanor? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any physical condition or handicap which may limit your ability to perform the position applied for? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please explain _____ | | |
| If yes, explain, give date & place of conviction _____ | | | Do you have any communicable disease which could be transmitted through food handling? | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | | If yes, please explain _____ | | |
| _____ | | | If no, are you willing to have a health department examination certifying this fact? | <input type="checkbox"/> | <input type="checkbox"/> |

Note previous conviction does not exclude an applicant for consideration for employment.

EDUCATION

College Degrees and vocational certificates will be verified.

Name

City-State

Last Grade Completed

ELEMENTARY

HIGH SCHOOL

COLLEGE (Undergraduate)

GRADUATE SCHOOL

TECHNICAL OR VOCATIONAL SCHOOL

YES NO

Are you a continuing student?

May we contact your present employer? YES NO

| | | | | | | |
|--|---------------------------|------------------|--------------------|-----------------------------|---------------------------|-----------------------|
| 1 | Name & Address of Company | Type of Business | Reason for Leaving | | Date Started Mo. Yr. | |
| | | | | | | |
| | Telephone | Position Title | Supervisor | Weekly Starting Salary/Wage | Weekly Ending Salary/Wage | Date Ended Mo. Yr. |
| Describe work you did (task, responsibilities, projects) | | | | | | |
| 2 | Name & Address of Company | Type of Business | Reason for Leaving | | Date Started Mo. Yr. | |
| | | | | | | |
| | Telephone | Position Title | Supervisor | Weekly Starting Salary/Wage | Weekly Ending Salary/Wage | Date Ended Mo. Yr. |
| Describe work you did (task, responsibilities, projects) | | | | | | |
| 3 | Name & Address of Company | Type of Business | Reason for Leaving | | Date Started Mo. Yr. | |
| | | | | | | |
| | Telephone | Position Title | Supervisor | Weekly Starting Salary/Wage | Weekly Ending Salary/Wage | Date Ended Mo. Yr. |
| Describe work you did (task, responsibilities, projects) | | | | | | |

PERSONAL REFERENCES

Not former employers or relatives

Name Address Telephone

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without omissions of any kind whatsoever. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I further understand and agree that a false statement herein is grounds for denial of employment, or basis for dismissal if already employed. I understand that if hired by Zwei Brewing, my employment will be of indefinite duration and that either the company or I will be free to terminate this employment relationship at will at any time. I further understand that any representations to the contrary are unauthorized and void unless contained in a written employment contract.

Date _____

Signed _____

AGREEMENT FOR ARBITRATION

Applicant has applied for employment with Zwei Brewing and its affiliated companies (hereinafter, collectively, the "Company"). As consideration for employment, the Company requires all applicants to sign this Agreement for Arbitration to submit all future claims against it to binding arbitration in accordance with the terms hereof.

Therefore, the below signed applicant agrees that any claim or dispute against Zwei Brewing or its affiliated companies or any of its employees or agents, whether related to the employment relationship or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination or sexual harassment, and all disputes about the validity of this Agreement for Arbitration, shall be resolved by neutral binding arbitration in accordance with the American Arbitration Association under its Code of Procedure in effect at the time any claim is made. Notwithstanding the foregoing, this Agreement shall not apply to claims for unemployment benefits and criminal complaints, nor shall it apply to claims by the Company for injunctive relief.

Each party shall pay its own costs of arbitration, except that the Company agrees to pay for one day of arbitration hearings. Fees paid are subject to the award of fees, as provided by law and arbitration rules.

This Agreement is subject to the Federal Arbitration Act and any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction. This Agreement shall survive the termination of Applicant's employment. It can only be revoked or modified by a writing signed by the Company which specifically states its intent to revoke or modify this Agreement. This Agreement is not, and shall not be construed to create, any contract of employment, express or implied. Nor does this Agreement in any way alter the "at-will" nature of the employment relationship, which either party remains free to terminate at any time for any reason.

APPLICANT FULLY UNDERSTANDS THAT, ABSENT THIS AGREEMENT, HIS OR HER LEGAL CLAIMS WITH ZWEI BREWING OR ITS AFFILIATED COMPANIES COULD BE RESOLVED THROUGH THE COURTS AND A JURY, BUT APPLICANT EXPRESSLY AGREES TO FOREGO THE TRADITIONAL LITIGATION SYSTEM IN FAVOR OF BINDING ARBITRATION. BY ENTERING INTO THIS AGREEMENT, APPLICANT KNOWINGLY AND VOLUNTARILY WAIVES ANY AND ALL RIGHTS HE OR SHE HAS UNDER LAW TO A TRIAL BEFORE A JURY.

Applicant acknowledges that he or she has entered into this Agreement voluntarily without any threat or coercion by anyone, and that he or she has been given the opportunity to discuss this Agreement with his or her legal counsel.

Applicant agrees that any award made by an arbitrator shall be binding on both the Company and its assigns, and Applicant and his or her representatives, parents, guardians, assigns, beneficiaries, spouse, children and heirs.

Printed Name: _____ Date: _____

Applicant's Signature