

## McMENAMINS APPLICATION FOR EMPLOYMENT

					OFFICE USE ONLY		
					R	В	
Thank you for applying w process includes the foll ★ Applications are av ★ All applications sho	owing procedur vailable at all our lould be sent in to bormally screened mail as soon as posted for open position	es: ocations (and al our Headquarte by the Human R ossible. or OFFICE OR I ons for up to one on if you are stil	so available online 2 rs Office (listed belo esources staff withir NDIVIDUAL LOCAT e month, so you ma	4/7 @ www.mcme w). I two weeks. You v I <b>ONS</b> y be contacted a loyment	enamins.com) will be contacte	d by phone or	
STREET ADDRESS						PHONE #	
CITY	STATE		ZIP CODE			EMAIL ADDRESS	
SCHEDULE AVAILABLE	FOR WORK:	FULL_	TIME	PART-TIME	TEM	PORARY/SEASONAL	
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
FROM:							
ГО:							
ARE YOU AUTHORIZED TO WOR WHICH LOCATION DID YOU PICE HOW DID YOU HEAR ABOUT OU	K UP THIS APPLICATI			TION APPLIED FOR?			
ARE YOU AUTHORIZED TO WOR	K UP THIS APPLICATI			TION APPLIED FOR?			
ARE YOU AUTHORIZED TO WOR WHICH LOCATION DID YOU PICE HOW DID YOU HEAR ABOUT OL	K UP THIS APPLICATION  ORMATION:  OR POSITIONS REQUIREMENTS BEFORE  MCMENAMINS BEFORE	ON?IRING ALCOHOL SE	POSI ERVERS PERMIT ONLY) _ ESNO		NO		
ARE YOU AUTHORIZED TO WOR WHICH LOCATION DID YOU PICE HOW DID YOU HEAR ABOUT OL  MISCELLANEOUS INFO  ARE YOU 21 YRS. OR OLDER? (FI  HAVE YOU BEEN EMPLOYED BY	COMPANY  DRMATION:  OR POSITIONS REQUIRED  MCMENAMINS BEFORE  TO  AMINS IN THE LAST Y	IRING ALCOHOL SE DRE?Y LOCATION(S)	POSI ERVERS PERMIT ONLY) _ ESNO II	YESYES			

EMPLOYMENT HISTORY: BEGIN WITH YOUR MOST RECENT EMPLOYER. FILL OUT COMPLETELY, PLEASE DO NOT WRITE "SEE RESUME". Use additional pages if needed.					
COMPANY NAME	DATES EMPLOYED				
	FROM:	TO:			
ADDRESS	SUPERVISOR'S NAME & TITLE				
CITY, STATE, ZIP CODE	PHONE #				
YOUR JOB TITLE	REASON FOR LEAVIN	REASON FOR LEAVING			
PRIMARY DUTIES & RESPONSIBILITIES					
COMPANY NAME	DATES EMPLOYED FROM :	TO:			
ADDRESS	SUPERVISOR'S NAME	& TITLE			
CITY, STATE, ZIP CODE	PHONE #				
YOUR JOB TITLE	REASON FOR LEAVIN	G			
PRIMARY DUTIES & RESPONSIBILITIES					
COMPANY NAME	DATES EMPLOYED	то			
	FROM:	TO:			
ADDRESS	SUPERVISOR'S NAME	& TITLE			
CITY, STATE, ZIP CODE	PHONE #				
YOUR JOB TITLE	REASON FOR LEAVIN	G			
PRIMARY DUTIES & RESPONSIBILITIES					
ADDITIONAL RELATED COMMENTS AND/ OR EXPERIENCE:					
I declare that all of the above information is accurate and complete. I authoriz	e McMenamins Pubs & Breweries to obtain i	nformation about me from anv			
employer or reference.					

REV. 12/18

SIGNEDX\_