

Blue Ridge Bucha Application for Employment

1809 East Main Street, Waynesboro, VA 22980

Brewery: (540) 221 - 6841

Please attach any applicable additional information or Résumé

Position: Please select all that apply:	☐ Taproom Ass	rket & Events Speci ociate	ialist	
Personal Information:				
First name:				
Last Name:				
Address:				
Street:				
City, State, Zip:				
Phone Number:				
Email Address:				
Are you over 18? If 'No', please list age:				
Have you Applied Before?				
Have you worked for Blue Ridge Bucha in the past?				
If 'yes' to above, please list Dates:				
Do you have Reliable Transportation to work?	Circle one:	No	Yes	
Do you have a Driver's License?	Circle one:	No	Yes	
Do you have a clean driving record?	Circle one:	No	Yes	
If 'No", please provide details:				
Have you ever been convicted of a felony?	Circle one:	No	Yes	
Availability Details:				
Available Start Date:				
If Seasonal, please list end date:				
Days of availablity:				
Hours of availability:				
Can you work multiple days at Festivals?	Circle one:	No	Yes	
Can you work nights at Festivals?	Circle one:	No	Yes	
Please list ant planned vacations or time off:				
Education & Experience:				
High School:				
Graduation Date:				
Extra Ciricular Activities:				

Education & Experience Continued:		
College / University:		
School Name(s):		
Address(es):		
Number of college/university years completed:		
Did you Graduate?		
Graduation Date:		
Degree(s) earned:		
Extra Ciricular Activities:		
Employment History:		
Are you Currently Employed?		
Name of Employer:		
Name of Supervisor:		
Address:		
City, State, zip:		
Phone number:		
email address:		
Dates of Employment:		
Job Responsibilities:		
<u>Previous Employment:</u>		
Name of Employer:		
Name of Supervisor:		
Address:		
City, State, zip:		
Phone number:		
email address:		
Dates of Employment:		
Job Responsibilities:		
Name of Employer:		
Name of Supervisor:		
Address:		
City, State, zip:		
Phone number:		
email address:		
Dates of Employment:		
Job Responsibilities:		

Previous Employment Continued:			
Name of Employer:			
Name of Supervisor:			
Address:			
City, State, zip:			
Phone number:			
email address:			
Dates of Employment:			
Job Responsibilities:			
	List three people other than friends/family, that can provide		
References:	feedback on workplace or school performance:		
First and last name:			
How do they know you?			
Phone number:			
email address:			
Occupation or Company:			
Number of years acquainted:			
[T		
First and last name:			
How do they know you?			
Phone number:			
email address:			
Occupation or Company:			
Number of years acquainted:			
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First and last name:			
How do they know you?			
Phone number:			
email address:			
Occupation or Company:			
Number of years acquainted:			
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I certify that the information provided in this application is true and complete. I acknowledge that false			
information is grounds for not hiring me or immediate termination. I authorize verification of any information listed above.			
miormation listed above.			
Signature			
Signature:			
Date:			