

JOIN OUR TEAM

To apply for a position at **Iowa Taproom or Ken's - a not so secret speakeasy**, please fill out the application below and apply in-person at our restaurant or email it to general@iowataproom.com. Thank you for your interest, we look forward to hearing from you!

Date of application: _____

PERSONAL INFORMATION

Name _____ Email _____
 FIRST _____ LAST _____

Address _____
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 Phone _____

When is the best time to reach you? MORNING AFTERNOON EVENING Are you legally eligible to work in the US? YES NO

Are you 18 years or older? YES NO Have you ever been convicted of a felony? YES NO If yes, please explain. _____

AVAILABILITY

Position Desired: *(check all that apply)*

SERVER HOST LINE COOK BUSSER ASST. MANAGER BARTENDER EXPEDITER PREP COOK DISHWASHER FOOD RUNNER

Please list the hours you are available to work each week:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From:							
To:							

Any scheduling restrictions we should be aware of? _____

How many Shifts or Hours do you want per week? Shifts: _____ Hours: _____

PREVIOUS EMPLOYMENT

Have you ever worked for a Full Court Press restaurant before? YES NO If yes, which location? _____

Dates of Employment: _____ Job Title: _____ Supervisor: _____

List below your last three employers starting with most recent.

Employer 1

COMPANY NAME	/	/	\$	\$
FROM	TO	STARTING PAY	ENDING PAY	
CITY	STATE	PHONE		
JOB TITLE	REASON FOR LEAVING			

Employer 2

COMPANY NAME	FROM /	TO /	\$ STARTING PAY	\$ ENDING PAY
CITY	SUPERVISOR	PHONE		
JOB TITLE	REASON FOR LEAVING			

Employer 3

COMPANY NAME	FROM /	TO /	\$ STARTING PAY	\$ ENDING PAY
CITY	SUPERVISOR	PHONE		
JOB TITLE	REASON FOR LEAVING			

EDUCATION

High School

SCHOOL NAME	CITY	STATE
NUMBER OF YEARS ATTENDED	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	

College/Other Education

SCHOOL NAME	CITY	STATE
NUMBER OF YEARS ATTENDED	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EXTRACURRICULARS

TITLE OF DEGREE OR CERTIFICATION OR AREA OF STUDY

REFERENCES

REFERENCE NAME	RELATIONSHIP	PHONE #	YEARS KNOWN
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ACKNOWLEDGEMENT

By signing my name below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

Applicant Signature: _____ **Date:** _____