



SCENIC BREWING COMPANY
8410 W. DESERT INN RD. • LAS VEGAS, NV 89117

APPLICATION FOR EMPLOYMENT

To submit this form, please fax to **702.946.8778** or email **employment@scenicbrewing.com**
 Please upload/include your resume with this application (if available).

Please print the following information completely

Position Desired: _____ Part Time Full Time Today's Date _____

Name: _____ Present Address: _____
 Last First Middle Number & Street City State Zip

Telephone Number: _____ Previous Address: _____
 Number & Street City State Zip

Email Address: _____

RECORD OF PREVIOUS EMPLOYMENT^

Please list the names of all of your previous employers for the past 5 years in chronological order with the present or last employer listed.
 If self-employed, give firm name and supply business references. (Add additional page if necessary.)

Present or Last Employer _____ Address _____ Number and Street City State Zip Phone Number _____	Dates of Employment From _____ To _____	Pay Starting \$ _____ Ending \$ _____	Your Title and Position _____ Name and Title of Last Supervisor _____	Please list your exact reason for leaving:
Prior Employer _____ Address _____ Number and Street City State Zip Phone Number _____	Dates of Employment From _____ To _____	Pay Starting \$ _____ Ending \$ _____	Your Title and Position _____ Name and Title of Last Supervisor _____	Please list your exact reason for leaving:

^For other employment experience, please describe and state on a separate page (or within email) and send with this application.

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain the circumstances: _____

May we contact your current employer? Yes No If no, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? Yes No Do you have adequate transportation to and from work? Yes No

Can you provide verification of your right to work in the United States? Yes No

Please indicate your availability: Day: M ___ T ___ W ___ Th ___ F ___ Sa ___ Su ___ Evening: M ___ T ___ W ___ Th ___ F ___ Sa ___ Su ___

EDUCATION

School Name	Location (city, state, zip code)	Years Completed	Diploma or Degree Earned (if any)	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School/College:					

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

Please indicate any actual experience, special training, and qualifications that you have which you feel are relevant to the position for which you are applying.

PROFESSIONAL REFERENCES: (Please DO NOT list relatives)

NAME	Occupation	Address	Telephone Number

APPLICANT'S STATEMENT & AGREEMENT

I certify that the information I have provided to the questions on this application for employment is true and correct, and that no attempt has been made to conceal important information. I authorize my former employers, supervisors, schools, and personal references to provide any information that they may have regarding me, whether or not it is favorable to me. I hereby release them from all liability for giving out this information. I understand that all statements made by me are open to investigation by the Company, and that if any information given by me in this application or in any interview or reference is found to be false, misleading, or incomplete; I will not be hired or will be subject to immediate dismissal. I understand that the Company reserves the right to require me to submit to a test for the presence of any illegal drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I consent to the disclosure of the results of any such tests to the Company and I understand that employment will be denied or terminated if any such test shows the presence of illegal drugs in my system. If I am hired, I will comply with all rules and regulations of the Company. I agree to be responsible for the Company property and equipment issued to me by the Company.

I understand that if hired, my employment will be at-will, that nothing in this application or any other Company documents shall be deemed to create any contract of employment for any specific term between myself and the Company, and that my employment can be terminated at any time by myself or by the Company for any or for no cause. I understand and agree that any statements to the contrary whether oral or written, are expressly disavowed and are not to be relied upon by me. I further understand that no representative of the Company other than the President of the Company has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such agreement with the President must be in writing.

I authorize Scenic Brewing Company to conduct a background check, which may include a check of my criminal record and driving record. I further understand that the Company may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right.

I certify that I have read the job description and that I am able to perform the essential functions with or without reasonable accommodation.

Alternative Dispute Resolution Agreement

By signing this document, I acknowledge that the Company utilizes a system of alternative dispute resolution that involves binding arbitration to resolve all disputes that may arise out of the employment context. Because of the mutual benefits (such as reduced expenses and increased efficiency) that private binding arbitration can provide both the Company and myself, I voluntarily agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on Title VII of the Civil Rights Act of 1964, as amended, the Americans with Disabilities Act, the Fair Labor Standards Act, or any state or federal laws, regulations, or common law theories), that either I or the Company (or its owners, directors, officers, managers, employees, agents and parties affiliated with its employee benefit and health plans) may have against the other which would otherwise require or allow resort to any court or other governmental dispute resolution forum (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, charges of discrimination filed with the EEOC or other state equal employment opportunity agencies, or claims for medical and disability benefits under the appropriate worker's compensation act or state disability insurance act), shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act. I also agree that the arbitration will be only for my individual claim and not as a collective or class action dispute. I specifically waive any right to proceed on a class type basis in arbitration, and the arbitrator will have no authority to interpret this agreement to include class type claims or relief. The Company will pay for the costs and expenses of the arbitration proceeding; the parties will be responsible for their own costs and expenses, including attorney fees. In addition to requirements imposed by law, any arbitrator herein shall be a retired judge of this state's court of general jurisdiction and shall be subject to disqualification on the same grounds as would apply to a judge of such court. The arbitrator will have the authority to order all relief under the applicable law or statute at issue. To the extent applicable in civil actions in the United States District Courts, the following shall apply and be observed: all rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions to dismiss, for summary judgement, and/or for judgment on the pleadings. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including, but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. Should any term or provision of this agreement, or portion thereof, be declared void or unenforceable, it shall be severed and the remainder of this agreement shall be enforceable. **I UNDERSTAND BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH THE COMPANY AND I GIVE UP OUR RIGHT TO TRIAL BY JURY.**

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT. If you have any questions regarding this statement, please ask a Company representative before signing.

I hereby acknowledge that I have read the above statements and understand the same.

Print Name

Applicant Signature

Date