

- EMPLOYMENT APPLICATION -

JAMMERS INC, DOING BUSINESS AS FLIGHTS, (HEREIN "FLIGHTS") ASSURES EQUAL EMPLOYMENT OPPORTUNITY WITHOUT DISCRIMINATION BECAUSE OF RACE, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, RELIGION, CREED, AGE, COLOR, NATIONAL ORIGIN, MARTIAL STATUS, DISABILITY, PREGNANCY, CHILDBIRTH OR RELATED MEDICAL CONDITION, OR VETERAN STATUS.

Please print in ink clearly | Please complete all sections of this application | If you have a resume, fill out application completely and attach.

PERSONAL INFORMATION	N						
Last Name	Middle Initial						
Present Address:	Street	City	:	State/Zip Code	Telep	phone (Evening)	
					()	-
Permanent Address:	Street	City	!	State/Zip Code	Telep	phone (Day)	
					()	-
Are you legally authorized to w	I I I ES	Have you ever bee					TYES
(Proof of identity and legal authorit of employment)	ty to work in the U.S. is a condition NO	If yes, please state the includes a verdict of o				pelow. A convi	ction NO
or employment,		includes a vertilet of §	junty, pica or gar	ity of no contes			
		_					
Social Security Number:							
Driver's License Number:							
State Issued:							
POCITION							
POSITION Position applying for:							
Cook Server	Bartender Hostess	Maintenance	Other:				
How did you hear about us?			indicate the days a	nd hours you are	wailable to work		
Newspaper Internet	Referral: Other:		ON TUES	WED	THU		SAT SUN
	Full Time Part Time ve ever worked for a sports grill or bar? If yes, when?	Do you h	ave any friends or r	elatives working f	or Flights?		YES
Bate aramable to stare from trave you ha	re ever worked to a sports gill of ball in yes, illen.	If yes, sta	te name(s) and rela	tionship:	or ringines.		Пио
Are you able to perform the essential fund	ctions of the job for which you are applying with or witho	out reasonable accommodat	ion?				
If no, describe the functions that cannot b	e performed:						☐ YES ☐ NO
EDUCATIONAL BACKCO	OLIND						
EDUCATIONAL BACKGRO Circle the highest year completed	GED	HIGH SCHOOL	COLLEGE	:	TRADE SCHOO	٦I	
Circle the highest year completed				5 6 7	1 2 3		
High School	City, State & Zip Code		Graduate				
			YES NO				
College	City, State & Zip Code		Graduate	Type of Degree	Major	Subject	
			YES NO				
Trade School	City, State & Zip Code		Graduate	Type of Degree	Major	Subject	
			YES NO				
Do you have any experience, training or k	nowledge about the making or sale of craft beers?						
Have you ever been suspended, discharge	ed or asked to resign from a job? (if yes, please explain)	YES NO					
What certifications do you currently have	(i.e. Food Handlers, Certified Beer Server, Serve Safe, etc)?					
certained and you currently have	Deer server, serve sale, etc	···					

5-YEAR EMPLOYMENT HISTORY	You mus	st complete this	section ϵ	even if at	taching a resun	ne)			
1. Company		y complete time		Dates (MO/YR)		,	Salary		Hourly
			From:		To:		\$		Monthly
Address, City State & Zip Code		Position Title							
Supervisor Name	Telephone		Starting Reason for Le			Endi	ng:		
supervisor Name	()	-	Reason for Le	eaving					
Responsibilities and Accomplishments								May we contact?	☐ YES
2. Company			Employment	Dates (MO/YR)			Salary		Hourly
			From:		То:		\$		Monthly
Address, City State & Zip Code			Position Title Starting			Endi	ng:		
Supervisor Name	Telephone	-	Reason for Le						
Responsibilities and Accomplishments								May we contact?	YES
									☐ NO
3. Company			_ ' '	Dates (MO/YR)	To.		Salary م		Hourly
Address, City State & Zip Code			From: Position Title		То:		\$		Monthly
Address, City state & Zip Code			Starting			Endi	na:		
Supervisor Name	Telephone		Reason for Le						
	()	-							
Responsibilities and Accomplishments								May we contact?	☐ YES
4. Company			Employment	Dates (MO/YR)			Salary		Hourly
			From:		To:		\$		Monthly
Address, City State & Zip Code			Position Title	!					
			Starting			Endi	ng:		
Supervisor Name	Telephone ()	-	Reason for Le	eaving					
Responsibilities and Accomplishments								May we contact?	YES
									□ NO
PROFESSIONAL REFERENCES (Li	st three	persons, other th	nan relat	ives, who	have knowled	ge of yo	ur wo	ork experien	ce and/or
Name		City/State		Telephone	_	Occupation	n		Years Known
News		City (Charte		Telephone		0			V V
Name		City/State		()	-	Occupation	1		Years Known
Name		City/State		Telephone ()	-	Occupation	n		Years Known
DI FACE DE A D'EUE FOLLOWING	ADEELII	LV DEFODE CICN							
PLEASE READ THE FOLLOWING C I understand, where permissible under applicable law, I m	.AKEFUL		IINIC						
Company.	ay be subject t			ffer of employm	ent and must receive a nec	gative result be	efore beir	g permitted to comn	nence work with the
Company. I understand, where permissible under applicable law, I m reasonable accommodation. before being permitted to compare the second of	ay be subject t	o a drug test after receiving a o a medical examination afte	a conditional of	. ,	-	•		3.	
I understand, where permissible under applicable law, I m reasonable accommodation, before being permitted to co	ay be subject tommence work	o a drug test after receiving a o a medical examination afte with the Company. authorize the Company and i	a conditional of er receiving a co	onditional offer	of employment and must r	neet the quali	fications i	or the position, with	or without nformation I have
I understand, where permissible under applicable law, I m reasonable accommodation, before being permitted to co	ay be subject to ommence work all respects. In the informati	o a drug test after receiving a o a medical examination afte with the Company. authorize the Company and i on released. I authorize emp	a conditional of er receiving a co its representativeloyers, schools	onditional offer ves to contact n and other perso	of employment and must r ny prior employers and all ons named on this applicat	neet the quali others for the ion to provide	fications purpose o	or the position, with of verification of the in mation or transcription	or without nformation I have
I understand, where permissible under applicable law, I m reasonable accommodation, before being permitted to confide the certify that the information given by me is true in supplied and release same from any liability resulting from	nay be subject to commence work a all respects. I on the informati ont upon me pro	o a drug test after receiving a o a medical examination afte with the Company. authorize the Company and i on released. I authorize emp widing sufficient documenta	a conditional of er receiving a co its representation oloyers, schools tion necessary	onditional offer ves to contact n and other perso to establish my	of employment and must r ny prior employers and all o ons named on this applicat identity and eligibility to w	neet the quali others for the ion to provide rork in the Uni	fications purpose o	or the position, with of verification of the in mation or transcription	or without nformation I have
I understand, where permissible under applicable law, I m reasonable accommodation, before being permitted to company is cretify that the information given by me is true in supplied and release same from any liability resulting from I understand employment with the Company is continger I understand and agree that either the Company or I may I understand that no representation, whether oral or writt or agent of the Company has the authority to enter into a	ay be subject to ommence work all respects. I. In the informati at upon me pro terminate my e en, by any repr n agreement for	o a drug test after receiving a o a medical examination afte with the Company. authorize the Company and i on released. I authorize emp widing sufficient documenta employment relation with the esentative or agent of the Cor or employment for any specif	a conditional of er receiving a co- its representati- iloyers, schools tion necessary e Company at w ompany, at any fied period of tii	onditional offer ves to contact n and other perso to establish my vill, at any time, time, can const	of employment and must r ny prior employers and all ons named on this applicat identity and eligibility to w with or without cause or n itute an implied or express	neet the quali others for the ion to provide ork in the Uni otice. contract emp	purpose of any infoleted State	or the position, with of verification of the in mation or transcriptions.	or without nformation I have ons requested.
I understand, where permissible under applicable law, I m reasonable accommodation, before being permitted to company the structure in supplied and release same from any liability resulting from I understand employment with the Company is continger I understand and agree that either the Company or I may I understand that no representation, whether oral or written agent of the Company has the authority to enter into a other than in a document signed by the Director of Human I certify, under penalty of perjury, that all of the above information and the structure of the source of the so	ay be subject to mmence work at all respects. It in the informati in tupon me pro- terminate my e- en, by any reprin agreement for in Resources or primation is true	o a drug test after receiving a o a medical examination after with the Company. authorize the Company and I on released. I authorize emp viding sufficient documenta employment relation with the esentative or agent of the Co or employment for any specif his/her authorized represent	a conditional of er receiving a co- its representati- oloyers, schools tion necessary e Company at w ompany, at any fied period of ti- tative.	onditional offer ves to contact n and other perso to establish my vill, at any time, time, can const me or to make a	of employment and must r ny prior employers and all ons named on this applicat identity and eligibility to w with or without cause or n itute an implied or express any change in any policy, p	others for the join to provide york in the Unitotice. contract emprocedure, ben	purpose of any information state of the stat	or the position, with of verification of the ir mation or transcription is. I further understand er terms or condition	or without nformation I have ons requested. no representative of employment
I understand, where permissible under applicable law, I m reasonable accommodation, before being permitted to company the certify that the information given by me is true in supplied and release same from any liability resulting from I understand employment with the Company is continger I understand and agree that either the Company or I may I understand that no representation, whether oral or writt or agent of the Company has the authority to enter into a other than in a document signed by the Director of Human I certify, under penalty of perjury, that all of the above infortermination regardless of the time lapse before discovery. I understand an offer of employment is conditioned upon	ay be subject to commence work at all respects. It is the information to upon me proterminate my elem, by any repring any are promotion in Resources or primation is true	o a drug test after receiving a o a medical examination afte with the Company. authorize the Company and i on released. I authorize emp viding sufficient documenta employment relation with the esentative or agent of the Co or employment for any specif his/her authorized represent	er receiving a co its representativeloyers, schools tion necessary e Company at w pompany, at any fied period of tictative. tand that any fa	onditional offer ves to contact n and other perso to establish my vill, at any time, time, can const me or to make a alsification or or	of employment and must r ny prior employers and all ons named on this applicat identity and eligibility to w with or without cause or n itute an implied or express any change in any policy, p	neet the quali others for the ion to provide ork in the Uni otice. contract emp rocedure, ben	purpose of any information and the state and s	or the position, with of verification of the ir mation or transcripti s. I further understand er terms or condition	or without Information I have one requested. Information I have one representative of employment one result in
I understand, where permissible under applicable law, I m reasonable accommodation, before being permitted to company certify that the information given by me is true in supplied and release same from any liability resulting from I understand employment with the Company is continger I understand and agree that either the Company or I may I understand that no representation, whether oral or writt or agent of the Company has the authority to enter into other than in a document signed by the Director of Human I certify, under penalty of perjury, that all of the above infetermination regardless of the time lapse before discovery.	ay be subject to commence work at all respects. It in the informati at upon me pro- terminate my e- ten, by any repring a greement for in Resources or primation is true	o a drug test after receiving a o a medical examination afte with the Company. authorize the Company and i on released. I authorize emp widing sufficient documenta employment relation with the essentative or agent of the Co or employment for any specifi his/her authorized represent e and complete, and I unders	er receiving a co its representativeloyers, schools tion necessary e Company at w pompany, at any fied period of tictative. tand that any fa	onditional offer ves to contact n and other perso to establish my vill, at any time, time, can const me or to make a alsification or or	of employment and must r ny prior employers and all ons named on this applicat identity and eligibility to w with or without cause or n itute an implied or express any change in any policy, p	neet the quali others for the ion to provide ork in the Uni otice. contract emp rocedure, ben	purpose of any information and the state and s	or the position, with of verification of the ir mation or transcripti s. I further understand er terms or condition	or without Information I have one requested. Information I have one representative of employment one result in
I understand, where permissible under applicable law, I m reasonable accommodation, before being permitted to company the structure of the supplied and release same from any liability resulting from I understand employment with the Company is continger I understand and agree that either the Company or I may I understand that no representation, whether oral or writtor agent of the Company has the authority to enter into a other than in a document signed by the Director of Human I certify, under penalty of perjury, that all of the above infector intermination regardless of the time lapse before discovery. I understand an offer of employment is conditioned upon a report about my background.	ay be subject to mmence work all respects. I. In the informati int upon me pro- terminate my e- en, by any reprin agreement for in Resources or primation is true a complying with	o a drug test after receiving a o a medical examination after with the Company. authorize the Company and it on released. I authorize emp widing sufficient documental employment relation with the essentative or agent of the Co or employment for any specific his/her authorized represent e and complete, and I unders thall the Company's requirent	er receiving a co- its representation of the color of the	onditional offer ves to contact n and other perso to establish my vill, at any time, time, can const me or to make a alsification or or	of employment and must r ny prior employers and all ons named on this applicat identity and eligibility to w with or without cause or n itute an implied or express any change in any policy, p	neet the quali others for the ion to provide ork in the Uni otice. contract emp rocedure, ben	purpose of any information and state	or the position, with of verification of the ir mation or transcripti s. I further understand er terms or condition	or without Information I have one requested. Information I have one representative of employment one result in
I understand, where permissible under applicable law, I m reasonable accommodation, before being permitted to company the structure of the supplied and release same from any liability resulting from I understand employment with the Company is continger I understand and agree that either the Company or I may I understand that no representation, whether oral or writtor agent of the Company has the authority to enter into a other than in a document signed by the Director of Human I certify, under penalty of perjury, that all of the above infetermination regardless of the time lapse before discovery. I understand an offer of employment is conditioned upon a report about my background. MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGRE	ay be subject to mmence work all respects. I. In the informati int upon me pro- terminate my e- en, by any reprin agreement for in Resources or primation is true a complying with	o a drug test after receiving a o a medical examination afte with the Company. authorize the Company and i on released. I authorize emp widing sufficient documenta employment relation with the essentative or agent of the Co or employment for any specifi his/her authorized represent e and complete, and I unders thall the Company's requirent	er receiving a co- its representation of the color of the	onditional offer ves to contact n and other perso to establish my vill, at any time, time, can const me or to make a alsification or or	of employment and must r ny prior employers and all ons named on this applicat identity and eligibility to w with or without cause or n itute an implied or express any change in any policy, p	neet the quali others for the ion to provide ork in the Uni otice. contract emp rocedure, ben	purpose of any information and state	or the position, with of verification of the ir mation or transcripti s. I further understand er terms or condition loyment or, if hired, n	or without Information I have one requested. Information I have one representative of employment one result in

Employment App 1/15 ORIGINAL: TO CORPORATE HUMAN RESOURCES COPY: IN OFFICE FILE PAGE 2 OF 3



CRIMINAL BACKGROUND CHECK AUTHORIZATION AND LIABILITY RELEASE

I voluntarily authorize Flights, any parent, subsidiary or affiliates (collectively "employer" or "company") to conduct an investigation of whether I have a record of criminal charges filed or convictions, and, if so, of the nature of those charges filed or convictions including all surrounding circumstances or for any other reason as determined by employer or company.

I understand that this background check will focus on charges filed or convictions and that a criminal record will not necessarily disqualify me from employment.

I understand that the report of this investigation will be used to make decisions about my employment, including one or more of the following: hiring, firing, promotions and reassignment.

I release employer, its employees, officers, representatives, investigative agency and anyone else from all claims, liability and damages that may result from negligently investigating, furnishing, communicating, reviewing or evaluating information pursuant to this criminal background check and from the use of the report. This release means I am waiving claims for negligence, misrepresentation, emotional distress, invasion of privacy, interference with prospective business relations or contract, breach of contract and any other negligent act. I expressly intend that this release is a broad and inclusive as is permitted by law. Also, if any portion of this release is held invalid, the balance of the release will continue in full legal force.

The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements or omissions on this application, my resume or accompanying documents, may result in termination, regardless of the time elapsed before discovery.

I understand that an offer of employment is contingent upon satisfactory proof of lawful employment status, as set forth in the Immigration Reform and Control Act of 1986 and reference and background checks. I understand that the employer or any agent thereof may conduct an investigation into my previous employment, educational background and reference information including job performance, salary history, employment dates, etc. If so, I will be provided with separate notification and authorization. I understand that my employment will be contingent upon any such investigation and I herein provide my unconditional consent to any such investigation. I release the employer, its subsidiaries and current or former employers from any liability resulting from any information provided in connection with this application. Finally, I understand that if I am offered employment by the employer my employment will be "at-will" meaning that either I or the employer may end the employment at any time with or without cause.

By signing below, I acknowledge that I have read this Authorization and Release and understand and agree with each of its terms.

Printed Name:	_ Signature:	Date: / /
Witness Printed Name:	_ Signature:	Date://

Employment App 1/15 PAGE 3 OF 3