



# EMPLOYMENT APPLICATION

## GENERAL INSTRUCTIONS

- Type or print in ink this application in its entirety.
- Sign your name in the Certification Section (page 4). All information you submit is subject to verification.
- Notify The Country Vintner in advance if you require special disability accommodations to participate in the employment process.

## HOW DO WE CONTACT YOU?

PLEASE PRINT LEGIBLY

\_\_\_\_\_

Date Social Security Number

\_\_\_\_\_

Last Name First Middle

\_\_\_\_\_

Current Street Address

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Home Phone Cell Phone

\_\_\_\_\_

E-mail Address

Position Applied For	Date Available	Desired Pay

<b>Days/Hours Available:</b> Mon: _____ Fri: _____ Tues: _____ Sat: _____ Wed: _____ Sun: _____ Thur: _____ No Pref: _____  <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Either	<b>Type of Employment Desired:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either	<b>How did you hear about The Country Vintner?</b> <input type="checkbox"/> Newspaper <input type="checkbox"/> Online <input type="checkbox"/> Sign outside employer <input type="checkbox"/> Referred by Employee If so, who? _____
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## EDUCATION

### HIGH SCHOOL:

Name & City of School: \_\_\_\_\_ Received: Diploma  or Other

Your name, if different while attending school: \_\_\_\_\_

### COLLEGE, UNIVERSITY OR PROFESSIONAL/TRADE SCHOOL

Name of School	Location	Course of Study	Degree?

Your name, if different while attending school: \_\_\_\_\_

**PREVIOUS EMPLOYMENT (Please list most recent first)**

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. **Use a separate block to describe each position or gap in employment.** If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. **Resumes may be attached to provide additional information, but cannot be used as a substitute for completing this section.**

**1** Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates of Employment: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Supervisor: \_\_\_\_\_  
Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No

**2** Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates of Employment: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Supervisor: \_\_\_\_\_  
Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No

**3** Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates of Employment: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Supervisor: \_\_\_\_\_  
Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No

**KNOWLEDGE/SKILLS/ABILITIES (KSA's)**

List KSA's you possess and **believe relevant to the position you seek**, such as operating heavy equipment, computer skills, fluency in languages, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LICENSURE, REGISTRATION, CERTIFICATION** Examples: Commercial Driver's License, CPA, etc.

License, Registration or Certification	Number	Date Issued	Expiration Date	State
▶▶▶ DRIVER'S LICENSE				

**BACKGROUND INFORMATION**

Have you ever been convicted of a felony?  Yes  No

If yes, what charges?: \_\_\_\_\_

Where convicted?: \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Have you ever been convicted of a misdemeanor?  Yes  No

If yes, what charges?: \_\_\_\_\_

Where convicted?: \_\_\_\_\_

Date of conviction: \_\_\_\_\_

*Note: A "yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.*

**CITIZENSHIP**

The Country Vintner hires only U.S. citizens and lawfully authorized alien workers. If an offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

Are you a U.S. Citizen or are you legally authorized to work in the U.S.?  Yes  No

**RELATIVES**

To your knowledge, do you have any relatives working for The Country Vintner?

Yes  No If yes, who? \_\_\_\_\_

**REFERENCES:** Please list two references other than relatives or previous employers

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

How acquainted: \_\_\_\_\_

How acquainted: \_\_\_\_\_

Years acquainted: \_\_\_\_\_

Years acquainted: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT**

I am aware that any omissions, **falsifications, misstatements, or misrepresentations in this application** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by the law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of The Country Vintner for employment purposes. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_