

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Received
Elementary School				N/A
High School				<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Undergraduate College				<input type="checkbox"/> yes <input type="checkbox"/> no
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe your familiarity with and interest in wine.

Specialized Skills

Check/List Skills/Equipment Operated

<input type="checkbox"/> Internet	PC Software Used:	Mac Software Used:	Equipment Used:	Other:
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Windows	<input type="checkbox"/> Word	<input type="checkbox"/> Fork Truck	<input type="checkbox"/> ISO 9000
<input type="checkbox"/> Calculator	<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Wine Press	<input type="checkbox"/> HACCP Plans
<input type="checkbox"/> Fax	<input type="checkbox"/> Excel	<input type="checkbox"/> QuarkXPress	<input type="checkbox"/> Destemmer/ Crusher	_____
<input type="checkbox"/> E-mail	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Illustrator	<input type="checkbox"/> Pressure Washer	_____
<input type="checkbox"/> Point of Sale Register	<input type="checkbox"/> Access	<input type="checkbox"/> PhotoShop	<input type="checkbox"/> Steam Cleaner	_____
_____	_____	_____	<input type="checkbox"/> Bottling line	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

1.	Employer		Dates Employed		Skills/Duties/Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Skills/Duties/Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Skills/Duties/Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Skills/Duties/Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

<p><i>Summarize special job-related skills and qualifications acquired from employment or other experience including any specialized training, apprenticeship, skills, and extra-curricular activities.</i></p>

List professional, trade, business, or civic activities and offices held. Include any job-related training received in the United States military.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Do you have any relatives employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list name(s) and relationship below:
Name: _____ Relationship: _____
Name: _____ Relationship: _____

References

1. _____ (Name) () _____ (Phone #)
2. _____ (Name) () _____ (Phone #)
3. _____ (Name) () _____ (Phone #)

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I give the Employer the right to investigate all references and to secure any additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand and acknowledge that my employment relationship with this organization is that of an "at will" employee. As such, I understand that I may terminate my employment at any time. Similarly, I understand that the company may discharge me at any time, with or without cause or notice. I understand that this "at will" employment relationship may not be changed unless such change is specifically acknowledged in writing by the president of the company.

In the event I am employed, I understand that any false or misleading information given by me in my application or at any time during my employment may result in my immediate discharge. I acknowledge and agree that I will abide by all rules and regulations of the company.

I agree to submit to a post-offer physical examination which may include a test for illegal drugs. I hereby expressly release the company, as well as its directors, officers, agents, or employees, from any claim or demand which could conceivably arise in connection with the utilization of any such exams or tests.

Signature of Applicant _____ Date _____