

Application for Employment



Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry or physical or mental disability.

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____ Cell # _____

Home # _____ Date of Birth _____

Email Address _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?
(You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available?

Are you 21 or older? Yes No

Do you have experience serving alcohol? Yes No

Do you have a current alcohol server training certificate? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)
 Yes No

If yes, please describe conditions. _____

Employment Desired:

Desired Area of Employment:

Tasting Room

Production of Spirits

Equipment Manufacturing

How did you hear of this opening? _____

Have you ever applied for employment here? Yes No

When? _____

Have you ever been employed by this company? Yes No

Are you presently employed? Yes No

May we contact your present employer? Yes No

Are you available for full-time work? Yes No

Are you available for part-time work? Yes No

Will you work weekends and evenings? Yes No

Are you willing to work holidays? Yes No

Date you can start _____

Desired position _____

Desired starting salary _____

Please list applicable skills _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Emergency Contact

In case of emergency, please notify:

Primary Contact:

Name _____ Phone _____

Address _____

Relationship to you _____

Secondary Contact:

Name _____ Phone _____

Address _____

Relationship to you _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment.

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

Signature _____ Date _____