



Corvina Wine Company Employment Application

Please Print or Type all Information

LAST NAME:	FIRST NAME	MIDDLE NAME
APPLICATION FOR POSTION OF	TODAY'S DATE	START DATE
WHAT DAYS ARE YOU AVAILABLE TO WORK:		
IF OTHER -PLEASE EXPLAIN		
ADDRESS -Street, City, State, & Zip Code		
PHONE NUMBER () _____ - _____	EMAIL ADDRESS:	
Social Security # Refer to I-9 Employment Eligibility Verification	Please Provide Any Different Names you have Utilized since 18	

Do you have a reliable source of Transportation to and from Work? ___ YES / ___ NO

Do you have a valid Driver's License? (DL# _____) ___ YES / ___ NO

Are you at Least 21 Years of Age? ___ YES / ___ NO

Are you Legally Eligible to Work in the United States? ___ YES / ___ NO

EDUCATION & TRAINING		
Do you Have a High School Diploma or GED Equivalency? ___ YES / ___ NO	If No What is The Highest Grade Completely in School? _____	Name and Location of High School
TRAINING BEYOND HIGH SCHOOL (College, University, or Other Schools)		
List School Name and Location, Years Completed, Course of Study and Degrees Earned		
College / University:		
Technical Training:		
Other:		
Describe any other education or training which you feel is relevant to the job(s) for which you are applying. Also Include relevant Licenses & Certifications. Please Be Specific.		

Do you have any pending criminal charges against you? ___ YES / ___ NO

Have you ever been convicted of a crime, regardless of whether it was a felony or misdemeanor? ___ YES / ___ NO

If you answered yes to either criminal background inquiries above, provide the date and county of the pending charge or conviction, the type of charge or conviction, and an explanation

Prior Military Service ___ YES / ___ NO

Branch: _____ Years: _____ Rank at Discharge: _____

Were you Honorably Discharged? ___ YES / ___ NO

If no, explain: _____



WORK EXPERIENCE: Provide a complete description of all jobs. Be specific. Start with you most recent job. For part-time work, show the average number of hours per week. Indicate any changes in job title with the same employer as a separate job.

Employer		Type of Business	Location (Street, Address, City, State, Zip Code)	
Job Title		Reason for Leaving		
Name of Supervisor		Length of Employment		__ Full Time
		From(Month & Year) ___/___		__ Part Time
Job Duties		To (Month & Year) ___/___		__ Ave hrs/wk
		Current Compensation _____		
		Desired Compensation _____		
Employer		Type of Business	Location (Street, Address, City, State, Zip Code)	
Job Title		Reason for Leaving		
Name of Supervisor		Length of Employment		__ Full Time
		From(Month & Year) ___/___		__ Part Time
Job Duties		To (Month & Year) ___/___		__ Ave hrs/wk
Employer		Type of Business	Location (Street, Address, City, State, Zip Code)	
Job Title		Reason for Leaving		
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		From(Month & Year) ___/___		__ Part Time
Job Duties		To (Month & Year) ___/___		__ Ave hrs/wk
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Job Duties		To (Month & Year) ___/___		__ Ave hrs/wk
Employer		Type of Business	Location (Street, Address, City, State, Zip Code)	
Job Title		Reason for Leaving		
Name of Supervisor		Length of Employment		__ Full Time
		From(Month & Year) ___/___		__ Part Time
Job Duties		To (Month & Year) ___/___		__ Ave hrs/wk

May We Communicate with your Present Employer? ___ YES / ___ NO Former Employer? ___ YES / ___ NO
 Have you Worked for Corvina Wine Company Before? ___ YES / ___ NO What Year? _____
 Have you ever done any Volunteer Work? ___ YES / ___ NO



REFERENCES (List three other than former employers or relatives)		
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

BY MY SIGNATURE BELOW, I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of Corvina Wine Company LLC to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, sexual orientation, or pregnancy, and to afford equal opportunities to disabled veterans, individuals with a disability, and any and other characteristic protected by federal, state or local law.

I authorize the investigation of all statements and information contained in this application. I authorize a background credit check. I release from all liability anyone supplying such information and I also release Corvina Wine Company LLC from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ Date: _____