

SOUTH COAST WINERY RESORT AND SPA

Employment Application

WE ARE AN EQUAL OPPORTUNITY EMPLOYEE.

Please sign and date the application, print clearly, and provide all information requested.

General Information

Name _____

Social Security # _____ Phone (_____) _____

Address _____

City/State/Zip _____

Position applied for _____

Would you accept full-time work? Yes No

Would you accept part-time work? Yes No

On what date would you be available to begin work? _____

Have you been employed here before? Yes No Dates _____

List any special training or skills that would be of special benefit in the job for which you are applying:

Are you legally authorized to work in the United States? Yes No

Are you at least 18 years of age? Yes No

If not, do you have a valid work permit? Yes No

If so, please provide a copy of the work permit.

Can you perform the basic functions of the position for which you are applying with or without reasonable accommodation?
Yes No

Would you be willing to submit to a post-offer drug test and/or medical examination? Yes No

Have you ever been convicted of a crime? This includes a plea of guilty or non-contest which resulted in a criminal conviction. [Please exclude misdemeanor convictions for marijuana related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and/or misdemeanor convictions for which probation was successfully completed or otherwise discharged or dismissed.] Yes No

If yes, please describe the nature of the crime(s), the date and place of the conviction(s), and the legal disposition(s) of the case(s): _____

[We will not deny employment to any applicant solely because the person has been convicted of a crime. We may consider such factors as the nature, date, and circumstances of the conviction, as well as whether the conviction is relevant to the duties of the position applied for by the applicant.]

How did you hear about employment opportunities at our company?

Educational Background

School	Name & Location of School	Course of Study	Graduate?	Degree/Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Personal References

List three personal references. Please do not list family members or relatives.

- Name _____ Phone ()
Address _____
- Name _____ Phone ()
Address _____
- Name _____ Phone ()
Address _____

Employment Experience

Please list all of your previous employers in the last ten years, with the most recent employer first. You must provide this information even if your resume has been submitted. Please provide all information requested, and attach additional pages if necessary. **IMPORTANT: You must indicate the reasons for leaving your previous employers.**

Employer _____ Address _____
Phone () _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____
Work Performed _____ *Reason for Leaving _____

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Employer _____
 Phone (_____) _____
 Job Title _____
 Dates Employed: from _____ to _____
 Work Performed _____

Address _____
 Supervisor _____
 Hourly rate/salary: starting _____ final _____
 *Reason for Leaving _____

Employer _____
 Phone (_____) _____
 Job Title _____
 Dates Employed: from _____ to _____
 Work Performed _____

Address _____
 Supervisor _____
 Hourly rate/salary: starting _____ final _____
 *Reason for Leaving _____

Employer _____
 Phone (_____) _____
 Job Title _____
 Dates Employed: from _____ to _____
 Work Performed _____

Address _____
 Supervisor _____
 Hourly rate/salary: starting _____ final _____
 *Reason for Leaving _____

May we contact your current employer? Yes No If no, please explain:

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain the circumstances:

Periods of Unemployment

Please identify and explain all significant periods of unemployment (more than 90 days) for the past ten years. [You may exclude any information which would reveal any protected class status.] Attach additional pages if necessary.

From:	To:	Reason for Unemployment

Certification

By signing this application, I hereby agree as follows:

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge, and agree to have any of the information verified by South Coast Winery Resort and Spa. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

I authorize the references listed above, as well as all other individuals whom South Coast Winery Resort and Spa contacts, to provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information by South Coast Winery Resort and Spa or any of its agents, employees, or representatives.

I understand that any offer of employment is conditioned upon proof of identity, proof of legal authority to work in the United States, a satisfactory completion of my background and reference check, and the satisfactory completion of post-offer medical examination and/or drug test.

BY SIGNING THIS APPLICATION, I AGREE THAT IF I AM HIRED, MY EMPLOYMENT WITH SOUTH COAST WINERY RESORT AND SPA CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF SOUTH COAST WINERY RESORT AND SPA. IF HIRED, I FURTHER AGREE THAT NO EMPLOYEE OF SOUTH COAST WINERY RESORT AND SPA HAS THE AUTHORITY TO MODIFY THE AT WILL EMPLOYMENT POLICY, EXCEPT FOR THE CEO OF SOUTH COAST WINERY RESORT AND SPA, AND THAT ANY MODIFICATION TO THE AT WILL EMPLOYMENT POLICY MUST BE IN A WRITTEN AGREEMENT SIGNED BY BOTH THE EMPLOYEE AND THE CEO OF SOUTH COAST WINERY RESORT AND SPA.

Signature of Applicant

Date

Printed Name of Applicant

For Office Use Only

Applicant # _____

Employee # _____

Hire Date _____

Position _____

Rate _____

Class _____

Skill _____

Other _____

Notes: _____

Attachments:

9 Resume

9 Applicant Reference Check

9 Applicant Interview

9 Work Permit