

South Coast Winery Resort & Spa



Employment Application

We Are An Equal Opportunity At-Will Employer

Employment is “at-will” and may be terminated at anytime with or without cause or notice.

NOTE: Provide ONLY the information requested. Failure to do so will result in disqualification.

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

(Revised 06/17/09)

Date:

Job Interest:

Name:

General	Name (First, Middle, Last)		Telephone Number		
	Present Address: How long have you lived there? _____ years)				
	Number & Street		City	State	Zip Code
	Previous Address: How long have you lived there? _____ years)				
	Number & Street		City	State	Zip Code
Were You Ever Employed By Us? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Please Provide Dates Employed and Positions Held.			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally authorized to work in the USA? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If not, do you have a valid work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please provide a copy of the work permit.					
Job Interest	Position or Type of Work Desired				
	First Choice:		Second Choice:		
	Work Schedule Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date Available to Begin Work	Wage or Salary Desired?	Are you willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Work Extra Hours, Weekends, and Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Provide ONLY the information requested on this form. Failure to do so will result in disqualification.

Personal	<p>Have you ever been convicted of a crime? This includes a pled guilty or no contest, 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 each:</p> <p>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): _____</p> <p>[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.]</p>			
	<p>W-2 / W-4 The IRS requires employers to report employee wages, including the employee's name, address, and social security number. Employees will be required to complete a W-4. Failure and/or refusal to comply with this requirement may render an employee ineligible for employment and result in discharge from employment.</p>			
	<p>Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can you perform the basic functions of the position for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have adequate transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>You will be required to complete an authorization form for conducting a background check.</p>			

Education	Name & Location	Dates Attended	Graduated Yes / No	Grade	Major Field Of Study	Minor Field Of Study	Scholastic Standing or GPA
	High School						
	College						
	University						
	Business, Technical, Other						

Scholastic Honors, Scholarships, Assistantships, Awards, Publications, etc.

Employment History

Please list all of your previous employers in the last ten years, with the most recent employer first. (Use additional forms if needed) 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.**

Employment History

Company Name (Current or last employer)		Address		
Dates Employed (Mo./Yr.) From To	Your Job Title	Wage / Salary	Reason for Leaving	
Supervisor's Name	Supervisor's Title	Telephone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brief Description of Your Work and Responsibilities				

Company Name		Address		
Dates Employed (Mo./Yr.) From To	Your Job Title	Wage / Salary	Reason for Leaving	
Supervisor's Name	Supervisor's Title	Telephone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brief Description of Your Work and Responsibilities				

Company Name		Address		
Dates Employed (Mo./Yr.) From To	Your Job Title	Wage / Salary	Reason for Leaving	
Supervisor's Name	Supervisor's Title	Telephone	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brief Description of Your Work and Responsibilities				

Company Name		Address		
Dates Employed (Mo./Yr.) From To	Your Job Title	Wage / Salary	Reason for Leaving	
Supervisor's Name	Supervisor's Title	Telephone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brief Description of Your Work and Responsibilities				

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

Special Skills	Indicate any special training and qualifications relevant to the position for which you are applying:	Professional Registrations
	<input type="checkbox"/> Math Skills <input type="checkbox"/> Calculator <input type="checkbox"/> Dictation <input type="checkbox"/> Data Entry <input type="checkbox"/> Shorthand <input type="checkbox"/> PC <input type="checkbox"/> Other	
	List foreign language only if the employer has checked this box. <input type="checkbox"/>	

Activities	List Organizations of Which You Are a Current or Former Member (Do Not List Membership in Religious, Ethnic, Political, or Foreign Organizations)	
	High School & College Activities (Include, if Applicable, Office or Position Held)	
	Professional & Technical Organizations (Include, if Applicable, Office or Position Held)	
	Civic & Recreational Activities	

References	Please List Three Personal References (not previous employers or relatives) Whom We May Contact		
	Name	Telephone Number	
	Address	State and Zip	
	Name	Telephone Number	
	Address	State and Zip	
	Name	Telephone Number	
	Address	State and Zip	
	Name	Telephone Number	
	Address	State and Zip	

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

Applicant Statement and Acknowledgement Certification

(BE SURE TO READ THE MATERIAL BELOW, AND SIGN WHERE INDICATED.)

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 & 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 & Spa contacts, to provide all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from all liability for any damages that may result from furnishing such information by South Coast Winery Resort & 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 & 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 & SPA. IF HIRED, I FURTHER AGREE THAT NO EMPLOYEE OF SOUTH COAST WINERY RESORT & SPA HAS THE AUTHORITY TO MODIFY THE AT WILL EMPLOYMENT POLICY, EXCEPT FOR THE CEO OF SOUTH COAST WINERY RESORT & SPA, AND THAT ANY MODIFICATION TO THE AT WILL EMPLOYMENT POLICY MUST BE IN A WRITTEN AGREEMENT SIGNED BY BOTH THE EMPLOYEE AND THE PRESIDENT OF SOUTH COAST WINERY RESORT AND SPA.

Printed Name of Applicant

Signature of Applicant

Date