

Narcisi



Winery

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GIBSONIA, PA 15044

724-444-4744
NARCISIWinery.COM

APPLYING FOR

Application for Employment
Date: _____

In order for you to be considered for employment, this application must be filled out in its entirety. Any resumes can be submitted in addition to information requested.

Personal Information *(Please Print)*

Name: (Last Name, First Name)			
Address:	City:	State:	Zip:
Home Phone #	Email address:		
Cell Phone #	Are you 18 years of age or older?		

Desired Employment

Date you can start:	Salary Desired:
Are you employed now?	Referral Source: -Advertisement -Friend/Relative -Other (Circle) -Employee (Employee Name):
Are you applying for Full or Part-Time?	How many hours per week do you want to work? Minimum: _____ Maximum: _____
Are you legally able to work in the United States? <i>(Proof of identity and legal authority to work in the U.S. is a condition of employment)</i>	Yes No

Education

School Level	Name of School	School Location	Last Year Completed	Subjects Studied/ Degrees Received	Did Your Graduate?
High School			9 10 11 12		
College			1 2 3 4		
Post College			1 2 3 4		
Trade/Business			1 2 3 4		

Availability *(Please list hours in applicable AM/PM boxes)*

Shift	MON	TUES	WED	THUR	FRI	SAT	SUN
AM	to	to	to	to	to	to	to
PM	to	to	to	to	to	to	to

Former Employment (Please complete even if you attach a resume)

Name of Present/Last Employer:			
Address:	City:	State:	Zip:
Starting Date:	Leaving Date:	Job Title:	
Weekly Gross Income: \$	Hourly Rate: \$		
Name of Supervisor:	Title:	Phone:	
May We Contact This Employer To Verify the Information Provided?			
Average Number of Hours Worked Per Week:			
Description of Work:			
Reason for Leaving:			

Name of Present/Last Employer:			
Address:	City:	State:	Zip:
Starting Date:	Leaving Date:	Job Title:	
Weekly Gross Income: \$	Hourly Rate: \$		
Name of Supervisor:	Title:	Phone:	
May We Contact This Employer To Verify the Information Provided?			
Average Number of Hours Worked Per Week:			
Description of Work:			
Reason for Leaving:			

Name of Present/Last Employer:			
Address:	City:	State:	Zip:
Starting Date:	Leaving Date:	Job Title:	
Weekly Gross Income: \$	Hourly Rate: \$		
Name of Supervisor:	Title:	Phone:	
May We Contact This Employer To Verify the Information Provided?			
Average Number of Hours Worked Per Week:			
Description of Work:			
Reason for Leaving:			

Professional References:

Name	Address and Phone Number	Business	Years Acquainted

Have you been convicted of a felony within the last 5 years?

If yes, explain. (Will not necessarily exclude you from consideration)

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

Signature: _____

Date: _____