



Napa Valley Wine Train, Inc.

1275 McKinstry Street, Napa, CA 94559

An Equal Opportunity Employer

NVWT USE ONLY

Physical Date / Time _____

Drug Test Date / Time _____

Employment Application

Please Print

Date: _____

Name:

Last

First

Middle

Home Telephone (_____) _____ Other Telephone (_____) _____

Email address _____

Present Address _____

No.

Street

City

State

Zip

Permanent Address, if different from present address:

No.

Street

City

State

Zip

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?

Yes___ No___

Regular part-time work?

Yes___ No___

Temporary work, e.g., summer or holiday work?

Yes___ No___

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From _____

Are you available for work on weekends?

Yes___ No___

Would you be available to work overtime, if necessary?

Yes___ No___

If hired, on what date can you start work? _____

Wage desired: _____

Personal Information

Have you ever applied to or worked for Napa Valley Wine Train, Inc. before? Yes___ No___

If yes, when? _____

Do you have any friends or relatives working for Napa Valley Wine Train, Inc.? Yes___ No___

If yes, state name(s) and relationship(s) _____

Why are you applying for work at Napa Valley Wine Train, Inc.? _____

Are you at least 18 years old? Yes___ No___

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes___ No___

Are you able to perform the essential functions of the job for which you are applying? Yes___ No___

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes___ No___

If yes, state nature of the crime(s), when and where convicted and disposition of the case(s). _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes___ No___

If so, may we contact your current employer? Yes___ No___

Education, Training and Experience

School	Name and Address	Years Completed	Did You Graduate?	Degree or Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/ Business			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Napa Valley Wine Train, Inc.? If so, please explain. _____

Answer the following questions if you are applying for a professional position.

Are you licensed/certified for the job applied for? Yes___ No___

Name of license/certification _____

Issuing state _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes___ No___

If yes, state reason(s), date of revocation or suspension and date of reinstatement. _____

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. In Order to be considered for employment, you must complete this section even if attaching a resume.

Name of Employer _____

_____ No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

_____ No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Employment History (Continued)

Name of Employer _____

No.	Street	City	State	Zip
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Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

No.	Street	City	State	Zip
-----	--------	------	-------	-----

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Employment History (Continued)

Name of Employer _____

No.	Street	City	State	Zip
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Your Position and Duties _____

Date of Employment: From _____ To _____

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Name of Employer _____

No.	Street	City	State	Zip
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Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes___ No___

If so, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name:

Address

No.

Street

City

State

Zip

Occupation:

Telephone No. (_____) _____ Number of Years Acquainted _____

Name:

Address

No.

Street

City

State

Zip

Occupation:

Telephone No. (_____) _____ Number of Years Acquainted _____

Name:

Address

No.

Street

City

State

Zip

Occupation:

Telephone No. (_____) _____ Number of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Napa Valley Wine Train, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Napa Valley Wine Train, Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on Napa Valley Wine Train, Inc. unless made in writing and signed by me and Napa Valley Wine Train, Inc.'s designated representative.

Date _____ Applicant's Signature _____