



**EMPLOYMENT APPLICATION
PACKAGE**

Dear Prospective Team Member:

Thank you for your interest in employment with Sapphire Creek Winery & Gardens.

Please:

- (1) Complete, sign and date the enclosed Application for Employment; and
- (2) Complete, sign and date the enclosed Pre-Employment Investigation and Disclosure Authorization.

Thank you.

THE SAPPHIRE CREEK WINERY TEAM

PRE-EMPLOYMENT INVESTIGATION DISCLOSURE & AUTHORIZATION

Date: _____

To: _____

We appreciate your interest in employment with Sapphire Creek Winery. As part of our normal procedure for processing applications, we may conduct an investigation into your background. Therefore, by this document we are disclosing to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation and personal characteristics may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Will you please read the following statement and indicate your agreement by signing below:

I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus and law enforcement agencies to supply Sapphire Creek and/or agents, with an investigative consumer report containing any information concerning my background. I authorize Sapphire Creek, its partners, personnel, and/or agents, to conduct and interpret interview procedures they believe necessary. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Sapphire Creek to procure consumer reports or investigative consumer reports at any time during my employment period. I release Sapphire Creek from any and all liability and responsibility and damage and claims of any kind whatsoever arising from this investigation of my background and the interview procedures conducted.

Please sign below to signify receipt of the following disclosure and authorization.

Date

Signature

Driver's License Number &
State of Issuance

Printed Name

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____

Email: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment):

Drivers license number (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Phone # _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____ Phone # _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
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Address: _____ Phone # _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates and/or other qualifications:

Educational History

List school name and location, years completed, course of study and any degrees earned:

High school: _____
College: _____
Technical Training: _____
Other: _____

References

List 3 references names, phone numbers, and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of the person's need for reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____