



Date: \_\_\_\_\_

## Application for Employment

We appreciate your interest in Dr. Konstantin Frank Winery. Dr. Frank is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee, intern, volunteer, etc., based on race (including traits historically associated with race, such as hair texture and protective hairstyles), color, creed, religion (including wearing attire, clothing or facial hair in accordance with the tenets of religion), sex (including pregnancy, childbirth or related medical conditions and transgender status), gender identity or expression, reproductive health decisions, familial status, national origin, physical or mental disability (including gender dysphoria and being a certified medical marijuana patient), genetic information (including predisposing genetic characteristics), age (18 and over), veteran status, military status, sexual orientation, marital status, certain arrest or conviction records, domestic violence victim status, and any other status protected by applicable federal, state or local laws. Dr. Frank also prohibits harassment of applicants for employment or employees, interns, volunteers, etc., based on any of these protected categories. It is the Company's policy to comply with all applicable federal, state and local laws respecting consideration of unemployment status in making hiring decisions.

Dr. Frank Winery offers reasonable accommodations in the hiring and employment process for individuals with disabilities. If you need assistance in the application or hiring process to accommodate a disability, you may request an accommodation at any time. Applicants who require reasonable accommodation during the application process may contact Human Resources, at [hr@drfrankwines.com](mailto:hr@drfrankwines.com).

Smoking is prohibited in all indoor areas of Dr. Frank Winery unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

### Personal Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*First M.I. Last*

Present Address: \_\_\_\_\_  
*Street, City, State and Zip*

Email address: \_\_\_\_\_

If under 18 years of age, do you have a work permit?  Yes  No

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

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)?  
 Yes  No

\*In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required I-9 employment eligibility verification document form upon hire.

### Employment Desired

Position(s) applied for: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Have you previously worked for or applied for a position with Dr. Frank Winery, in any of our locations either as an employee or through an employment agency?  Yes  No

When: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**General Information**

Are you related to or in a close personal relationship with anyone now employed at Dr. Frank Winery? (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.)     Yes             No

If yes, state name(s) and their work location: \_\_\_\_\_  
 \_\_\_\_\_

Are you available to work overtime as needed?     Yes             No

Are you available to work weeknight?             Yes             No

Are you available to work weekends?             Yes             No

**Referral Information**

How did you learn about Dr. Frank Winery?

Source	List Name of Referring Employee or Source (if applicable)
<input type="checkbox"/> Current Employee	_____
<input type="checkbox"/> Newspaper Ad	_____
<input type="checkbox"/> LinkedIn	_____
<input type="checkbox"/> Company website	_____
<input type="checkbox"/> Other	_____

**Work Experience**

List all your work experience (starting with your most recent employer). You may attach additional sheets of paper.

Dates Employed:	Employer Information:
From:	Name of Employer:
	Address:
To:	Job Title:
	Name of Supervisor:
	Phone Number:

Reason for Leaving:

\_\_\_\_\_

Dates Employed:	Employer Information:
From:	Name of Employer:
	Address:
To:	Job Title:
	Name of Supervisor:
	Phone Number:

Briefly describe your job duties and work experience:

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

Dates Employed:	Employer Information:
From:	Name of Employer:
	Address:
To:	Job Title:
	Name of Supervisor:
	Phone Number:

Briefly describe your job duties and work experience:

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Reason for Leaving:

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### Education

Highest Grade Completed:

<b>Grade School</b>								<b>High School</b>				<b>College</b>			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Name of last school attended:

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Degree Obtained:

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License, Vocational or Trade Training:

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### Professional References

Please give the names of three persons not related to you, whom you have known professionally at least three years.

Name	Email Address	Telephone	Years Known
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May we contact your present employer at this time?  Yes  No

### Job-Related Skills and Qualifications

Please summarize your job-related skills and qualifications:

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### Additional Employment Inquiries

**\*If applying for a position that will include driving:**

If hired, can you provide a valid driver's license?  Yes  No

If hired, can you provide evidence of insurance or insurability, if applicable?  Yes  No

**Applicant's Statement**

**THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.**

Initial: \_\_\_\_\_ I certify that all the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: \_\_\_\_\_ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the President and Vice President of Dr. Frank Winery, and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the President or Vice President, any such agreements must be in writing and signed by the President or Vice President and by me or my authorized representative.

Initial: \_\_\_\_\_ I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by Dr. Frank Winery.

Initial: \_\_\_\_\_ I understand that if I am offered employment, I may be required to sign a non-solicitation and nondisclosure agreement, as a condition of the employment.

Initial: \_\_\_\_\_ I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.

Initial: \_\_\_\_\_ I hereby authorize, to the extent allowed by applicable federal, state and local laws, Dr. Frank Winery to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Company information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure.

Initial: \_\_\_\_\_ I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: \_\_\_\_\_ I understand that the Company may not ask or require applicants to disclose past salary, wages or other compensation.

**My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein and supersedes any prior inconsistent understandings between the Company and me on such issues.**

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_