

**NAPA GC APPLICATION FOR EMPLOYMENT**

(Please Print or Type)

*Napa GC is an equal opportunity employer and does not discriminate against qualified applicants on the basis of race, color, creed, religion, national origin or ancestry, age, gender, marital status, pregnancy, childbirth, sexual orientation, gender identity, physical or mental disability, medical condition, veteran status, political ideology, as well as any other category protected by federal, state, or local laws.*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you learn about our company? \_\_\_\_\_

Friend  Walk-In  Newspaper Ad  Current Employee  Other:

Have you ever worked for our company before?  Yes  No If yes, when? \_\_\_\_\_

Do you have any friends or relatives who work for our company?  Yes  No

If yes, please list their name(s) and work location(s)? \_\_\_\_\_

**DESIRED EMPLOYMENT AND AVAILABILITY**

Desired Position? \_\_\_\_\_ Desired Salary? \_\_\_\_\_

Can you perform the essential functions of the job with or without reasonable accommodation?  Yes  No

Date available to begin work: \_\_\_\_\_

Shift Availability:  Days  Nights  Weekends  Full-Time  Part-Time  Seasonal/Temporary

Days and Hours Available: (If employed, I will notify my supervisor in writing, if my availability changes.)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Attendance and punctuality are essential requirements of every job with our company. Is there anything that would prevent your regular attendance and punctuality if you were offered a job with our company?  Yes  No

If yes, please explain \_\_\_\_\_

Are you over the age of 18?  Yes  No If under the age of 18, can you supply a work permit?  Yes  No

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

EDUCATION	High School	Technical School	College	Other
School Name and Location				
Years Completed	9 10 11 12	1 2	1 2 3 4	
Diploma/Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major Course(s) of Study				
Describe honors received:				
List any other experience, skills or other qualifications that you believe should be considered in evaluating your qualifications for employment.				

**WORK HISTORY**

Company:	Phone Number: (    )    -	Dates Employed:
Address:	Supervisor Name & Title:	
Job Title, Duties, & Responsibilities:		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		
Company:	Phone Number: (    )    -	Dates Employed:
Address:	Supervisor Name & Title:	
Job Title, Duties, & Responsibilities:		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		
Company:	Phone Number: (    )    -	Dates Employed:
Address:	Supervisor Name & Title:	
Job Title, Duties, & Responsibilities:		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		
Company:	Phone Number: (    )    -	Dates Employed:
Address:	Supervisor Name & Title:	
Job Title, Duties, & Responsibilities:		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		
Explain any gaps in employment.		
Have you ever been fired or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

REFERENCES	Name	Occupation	Phone Number	Years Known
<b>Professional</b>	1.		(    )    -	
	2.		(    )    -	
	3.		(    )    -	
<b>Personal</b>	1.		(    )    -	
	2.		(    )    -	
<i>Please list individuals who you have known for at least one year and are not related to you. Consider those who have knowledge of your work performance, work ethic, and general character.</i>				

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts provided in the above employment application are true, accurate and complete to the best of my knowledge and authorize the company to verify their accuracy and to obtain reference information on my work performance. I release Napa GC from any/all liability that might result from making an investigation. I understand that, if employed, falsified statements, misrepresentations of any kind or omissions of facts on the application for employment (or any other accompanying or required documents) will be cause for disqualification of employment, or immediate termination of employment if hired, regardless of when or how discovered.

I understand that should an employment offer be extended to me and accepted, I must pass a pre-employment drug screen and have a valid matching social security number. In addition, I will fully comply with the policies, rules and regulations of Napa GC further understand that any employment offered is **at will**, and that I or Napa GC may terminate my employment at any time with or without cause or notice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date