



**Michael J. Neal Viticultural Services, Inc.**  
 1025 Dowdell Lane, St. Helena, CA 94574  
 707-963-4955

# Application for Employment

EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE: / /

|                        |  |                           |  |
|------------------------|--|---------------------------|--|
| NAME (LAST NAME FIRST) |  | PHONE NO.                 |  |
| PRESENT ADDRESS        |  |                           |  |
| PERMANENT ADDRESS      |  |                           |  |
| SOCIAL SECURITY NO.    |  | REFERRED BY               |  |
|                        |  | Driver's License? Number: |  |

## DESIRED POSITION

|   |  |                     |                    |
|---|--|---------------------|--------------------|
| TITLE OF POSITION                                       |  | DESIRED SALARY/WAGE | DATE YOU CAN START |
| ARE YOU CURRENTLY EMPLOYED?                             | MAY WE CONTACT YOUR PRESENT EMPLOYER, IF APPLICABLE? |                     |                    |
| HAVE YOU EVER APPLIED TO THIS COMPANY, AND IF SO, WHEN? |  |                     |                    |

## EDUCATIONAL BACKGROUND

|   | SCHOOL NAME & LOCATION | DATES | GRADUATED? (IF APP.) | SUBJECTS? (IF APP.) |
|---|------------------------|-------|----------------------|---------------------|
| HIGH SCHOOL                                 |                        |       |                      |                     |
| COLLEGE                                     |                        |       |                      |                     |
| BUSINESS, TRADE OR CORRESPONDENCE SCHOOL(S) |                        |       |                      |                     |

## SPECIAL INTERESTS

|                                |  |
|--------------------------------|--|
| U.S. MILITARY OR NAVAL SERVICE |  |
| SPECIAL SKILLS AND/OR TRAINING |  |
| SPECIAL STUDY OR HOBBIES       |  |

## EMPLOYMENT HISTORY

| DATE MONTH & YEAR | NAME & ADDRESS OF EMPLOYER(S) | ENDING SALARY | POSITION HELD | REASON FOR LEAVING |
|-------------------|-------------------------------|---------------|---------------|--------------------|
| FROM              |                               |               |               |                    |
| TO                |                               |               |               |                    |
| FROM              |                               |               |               |                    |
| TO                |                               |               |               |                    |
| FROM              |                               |               |               |                    |
| TO                |                               |               |               |                    |

# Pre-Employment Questionnaire

EQUAL OPPORTUNITY EMPLOYER

**REFERENCES:** Please give below the names of 3 persons NOT RELATED TO YOU, WHOM YOU'VE KNOWN AT LEAST 1 YEAR

| NAME | ADDRESS & PHONE NO. | TYPE OF BUSINESS | YEARS KNOWN |
|------|---------------------|------------------|-------------|
|      |                     |                  |             |
|      |                     |                  |             |
|      |                     |                  |             |

## AUTHORIZATION

"I certify that the information I have provided in this application is true and complete to the best of my knowledge, and I understand that one or more falsified statements within this application is grounds for dismissal.

I authorize investigation of all statements contained herein, **and** the references **and** employers listed within to give you any and all information concerning my previous employment **and** any pertinent information they may have, personal or otherwise, **and** I release the company from all liability for any damage that may result from use of said 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, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medically-related information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

## INTERVIEWER'S COMMENTS

| ABILITIES | HIRE DATE | STARTING SALARY |
|-----------|-----------|-----------------|
|           |           |                 |
|           |           |                 |
|           |           |                 |