

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Starting Annual Salary:	Final Annual Salary:	Bonus:	Commission:
Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number: () - extn May we contact: Yes ___ No___	

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EDUCATION INFORMATION

High School:	City, State:	Diploma/G ED:	General Ed. or Advanced Classes:	
College:	City, State:	Degree:	Major:	GPA:
College:	City, State:	Degree:	Major:	GPA:
Graduate School:	City, State:	Degree:	Major:	GPA:
Other:	City, State:	Degree:	Major:	GPA:

ADDITIONAL INFORMATION

Relevant skills, certifications, and talents:

Define computer software programs of proficiency?

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Chaddsford Winery is an equal opportunity employer. Chaddsford Winery does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, gender, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment any obligation for Chaddsford Winery to hire me. If I am hired, I understand that either Chaddsford Winery or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Chaddsford Winery has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Chaddsford Winery true and complete information on this application. No requested information has been concealed. I also understand that Chaddsford Winery may request to contact references provided for employment reference checks, and under consistent hiring practices, may require pre-employment screening and background verification as a condition of employment upon any employment offer. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date:

Signature: