

# CHATEAU MORRISETTE®

## WINERY · RESTAURANT



### Employment Application

PO 766, Meadows of Dan, VA 24120

Chateau Morrisette is an equal opportunity employer

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \_\_\_\_\_ hour/year

Position Applied for: \_\_\_\_\_

Have you ever worked for this company? YES  NO  If so, when? \_\_\_\_\_

Are you legally eligible to work in the United States? YES  NO

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 Did you graduate? YES  NO

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
 Did you graduate? YES  NO  Degree: \_\_\_\_\_

#### Previous Employment

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

### Military Service

Branch: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Chateau Morrisette (hereinafter referred to as "CMW") that such employment with CMW is at will, for no specified duration and may be terminated by either CMW or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of CMW or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of CMW except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of CMW.

In consideration for employment with CMW, if employed, I agree to conform to the rules, regulations, policies and procedures of CMW at all times and understand that such obedience is a condition of employment. I understand that due to the nature of CMW business, attendance and punctuality are considered essential requirements of every job at CMW and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with CMW, I may be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to CMW and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

Signature \_\_\_\_\_

Date \_\_\_\_\_