

Application – (Please Select)

Vine Restaurant & Bar, 211 N. El Camino Real, San Clemente, CA 92672 _____

Ironwood, Cellar. Craft. Cook, 25250 La Paz Road, Laguna Hills, CA 92653 _____

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION				
Position Applied For	Starting Salary or Hourly Wage Expected	Date Available to Start	Date of Application	Home Telephone
Last Name (PRINT)	First Name	Middle Name		Message Telephone
Address	City	State/Zip		E-Mail Address
Social Security Number	Are you at least 18 years old?	List other names under which you may be known to your past employers:		
<p>Have you ever been convicted of a criminal offense? YES or NO If YES, please describe the nature of the offense, date and jurisdiction where conviction occurred, and disposition of the case:</p> <p>NOTE: A criminal conviction is not an automatic disqualification for all jobs, but it may affect your suitability for some positions. An individualized assessment will be performed. Exclude minor traffic violations, sealed or juvenile convictions, expunged or statutorily eradicated records, and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to California Penal Code Section 1203.4. Also omit any convictions for the possession of marijuana that are more than two (2) years old, and any information concerning a referral to, and participation in, any pre-trial or post-trial diversion program related to a marijuana offense.</p>				
<p>Availability: Full Time ___ YES ___ NO Part Time ___ YES ___ NO Specify days/hours:</p> <p> Regular hours ___ YES ___ NO Overtime ___ YES ___ NO If NO, Explain:</p>				
How were you referred?	___ Employment Agency (Name) _____ ___ Newspaper (Name) _____ ___ Employee Referral (Name) _____ ___ Previously Employed (Date) _____ ___ School (Name) _____ ___ Other _____			
<p>Are any relatives employed here (e.g., immediate family, cousins, nephews, nieces, aunts, uncles, grandchildren and in-laws)? If so, please provide:</p>				
Name:		Position:		
If hired, would you have a reliable means of transportation to and from work? ___ YES ___ NO				
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? ___ YES ___ NO				

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

YES NO

If no, describe the functions that cannot be performed, and any suggested accommodation:

NOTE: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions.

EDUCATION

School	Name and Location	Number of Years Attended	Area of Study and Degree(s) Received
High School			
College/University			
Graduate			
Other			

SKILLS

Personal Computer Experience? YES NO

Typing Speed: _____ words per minute

Please list all relevant software with which you are proficient (include word processing, graphic, database management, spreadsheet, client accounting, etc.)

Additional Skills: Please list any skills (including translation skills) or experience with equipment, relevant to the position for which you are applying, which you would like us to consider.

EMPLOYMENT HISTORY

Are you currently employed? YES NO If so, may we contact your current employer?

List below ALL of your employers during the past ten years, beginning with the most recent. **Complete all requested information, even if attaching a resume.**

Dates Employed		Name, Address and Telephone Number of Employer:
From Mo. Yr.	To Mo. Yr.	
Salary Start	End	
Position(s)		
Name and Telephone Number of Supervisor:		If current supervisor, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		

Dates Employed		Name, Address and Telephone Number of Employer:
From Mo. Yr.	To Mo. Yr.	
Salary Start	End	
Position(s)		
Name and Telephone Number of Supervisor		Reason for Leaving

Dates Employed		Name, Address and Telephone Number of Employer:
From	To	

Mo.	Yr.	Mo.	Yr.	
Salary Start		End		
Position(s)				
Name and Telephone Number of Supervisor			Reason for Leaving	

MILITARY SERVICE	
Have you obtained any special skills or abilities as the result of service in the military? ___ YES ___ NO	
If yes, please describe:	

PERSONAL REFERENCES		
Please list at least two (2) persons NOT related to you who have known you for at least (5) years.		
Name	Address	Phone No.
Name	Address	Phone No.

APPLICANT'S STATEMENT

(Initial each numbered item as read)

- ___ 1. I certify that all the information I have given on this application is true and complete and that I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that failure to provide complete information or any misrepresentation in the information I provide, whether on this form or otherwise, may lead to refusal to hire me or to termination of employment.
- ___ 2. I authorize inquiry into my suitability for the position for which I am being considered and I hereby give my consent to present and past employers to release the information necessary to verify my work history and hereby release my present and past employers from all liability for any damages whatsoever arising from the release of any and all information regarding my employment.
- ___ 3. I understand that there is and will be no offer of an employment contract or guarantee of minimum length of employment and that in the event that I am hired by the company, my employment with the company will be at-will, and that my employment and compensation can be terminated, with or without notice, with or without cause, at any time, at the option of either the company or myself. I understand that no employee or other representative of the company is authorized to make any other representation to employees regarding the term of my employment, and I confirm that no other representation has been made to me.
- ___ 4. I understand that any offer of employment is subject to verification of employment eligibility as required by the Immigration Reform & Control Act of 1986.
- ___ 5. I authorize the Company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information contained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it. The Company checks credit reports only in circumstances permitted under California law.
- ___ 6. I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol or under certain circumstances to random drug testing if I am employed in a safety-sensitive position. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
- ___ 7. I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing statements.

Signature of Applicant _____ Date: _____