Hunt Country	APPLICATION FOR EMPLOYMENT  (An Equal Opportunity Employer)								
VINEYARDS									
Name					Date			AST	
LAST		FIRST		MIDDLE					
Current Address	STREET				CITY		STATE	ZIP	
Perm. Address									╙
Phone	STREET		Email		CITY		STATE	ZIP	
Soc.Sec.#			Are you: 21 years or older? (Y/N)				Over 16? (Y/N)		
Are you employed now?			By whom	?			Since when?		
Current position		May we contact your present employer?			IPerson to			FIRST	
Are you prevented from lawfully becoming employed in the U.S. becauuse of visa or immigration status (Y/N			Have you been convicted of any offense (other than non-moving traffic infractions				(Y/N)?		
Please r	note that we i	eserve the rig	ht to conduct l	background ch	necks on appli	cants for empl	oyment.		
EMPLOYMENT DE	SIRED								ПГ
Decition			Date You		Date You		Salary		$\leq$
Position		М	Can Start TU W		Must End TH F		Desired SU		
Availability (indicate h	nours)					•			m
Ever applied before to HCV?			If so, for what Position?				Roughly When?		
EDUCATION				_	# of Yrs.	Did you			_
	N	ame & Loca	tion of Scho	ool	Attended	Graduate?	Sub	jects Studi	ed
Grammar School									
High School									
Trade, Business or Correspondence School									
College									
Post-Graduate									
GENERAL									
Special Skills or Tra	ining								
Special Study or Re	search								

Activities (civic, athletic, etc.)

Exclude organizations, the name of which may indicate the race, creed, sex, age, marital status, color or nation of origin of its members.

EMPLOYERS  List below your previous employers, starting with the most recent.  Date									
	and year)	Name, Address & Phone of Employer			Salary	Position Reasons for Leaving			
From									
То									
From									
То									
From									
То									
From									
То									
U.S. Arm	ed Service	)	Present Memb Rank Nat. Guard or I			•			
Which of these jobs did you like best?									
What did you like most about this job?									
REFERENCES List 3 persons not related to you, whom you have known for at least one year.									
						Years Acquainted			
	INA	ille, Addres	s and Frione of Reference		A550	ciated busi	11622	Acquainteu	
1									
2									
3									
EMERGENCY CONTACT									
Name			Addr				Phone		
I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.									
Date		Signature of Applicant							
THE FOLLOWING SECTION FOR INTERVIEWER NOTES									