



Idol Ridge Winery

9059 State Route 414 . Lodi, NY 14860

phone: (607) 582-7773

Email: info@IdolRidge.com website: www.IdolRidge.com

Name: (Last name first): _____

Present Address: _____

State: _____

Zip Code: _____

Permanent Address: _____

State: _____

Zip Code: _____

Phone Number: _____

Employment Position Desired

Position: _____

Date you can start: _____

Salary Desired: _____

Are you employed? Yes No

If so, may we contact your current employer? Yes No

Education History

Subjects studied	Name and location of school	yrs.attended	Did you graduate?
High School			
College			
College			
Trade School			

General Information

Please note any subjects of special interest/research work or special training/skills

Have you ever been charged with a felony? Yes No

If so, for what _____

Former Employers: list below last four employers, starting with last one first

Date-From/To _____

Name and Address of Employer

Salary _____ Position _____

Reason for Leaving _____

Date-From/To _____

Name and Address of Employer

Salary _____ Position _____

Reason for Leaving _____

Date-From/To _____

Name and Address of Employer

Salary _____ Position _____

Reason for Leaving _____

Date-From/To _____

Name and Address of Employer

Salary _____ Position _____

Reason for Leaving _____

Character Reference- Please list three people below to whom you are not related too and have known for at least one year.

Name	Address	Affiliation	Years known
1)			
2)			
3)			

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal

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

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

Date _____

Signature _____