



Application for Employment

Mail, fax or e-mail applications to:
Mail: Tassel Ridge Winery
 c/o Interpower Corporation
 Attn: Human Resources
 P.O. Box 115
 Oskaloosa, IA 52577
Fax: (641) 673-0566
E-mail: jobs@tasselridge.com

Tassel Ridge Winery considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. We are an Equal Opportunity Employer and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

(PLEASE PRINT)

Position(s) applied for: _____					
Date of application ____ / ____ / ____		Date you would be available for work ____ / ____ / ____		Salary desired \$ _____	
Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Intern					
Must be 21 years of age for positions that involve selling or pouring of wine.					
How did you learn about us?					
<input type="checkbox"/> Job Service		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Relative		<input type="checkbox"/> Online/Web site		<input type="checkbox"/> Newspaper: _____	
<input type="checkbox"/> Other: _____					
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			E-mail		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If yes, give date(s) ____ / ____ / ____

Have you ever been employed with us before? Yes No If yes, give date(s) ____ / ____ / ____ to ____ / ____ / ____

Are you currently employed? Yes No If yes, give date of employment ____ / ____ / ____

May we contact your present employer? Yes No

If yes, work number and best time to call Number (____) _____ Time _____ am/pm

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

Are you currently employed by or do you have any direct or indirect interest* in any liquor, wine, or beer manufacturer, bottler, importer, wholesaler (distributor), broker, or retailer** in Iowa, the United States, or outside the United States. Yes No

* Direct or indirect interest is defined as an owner, agent, jobber, representative, director, or officer in any entity that sells liquor, wine, or beer.
 ** Retailer includes any restaurant, bar, grocer, or other entity that sells liquor, wine, or beer.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Received
Elementary School				N/A
High School				<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Undergraduate College				<input type="checkbox"/> yes <input type="checkbox"/> no
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe your familiarity with and interest in wine.

Specialized Skills

Check/List Skills/Equipment Operated

<input type="checkbox"/> Internet	PC Software Used:	Mac Software Used:	Equipment Used:	Other:
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Windows	<input type="checkbox"/> Word	<input type="checkbox"/> Fork Truck	<input type="checkbox"/> ISO 9000
<input type="checkbox"/> Calculator	<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Wine Press	<input type="checkbox"/> HACCP Plans
<input type="checkbox"/> Fax	<input type="checkbox"/> Excel	<input type="checkbox"/> InDesign	<input type="checkbox"/> Destemmer/ Crusher	_____
<input type="checkbox"/> E-mail	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Illustrator	<input type="checkbox"/> Pressure Washer	_____
<input type="checkbox"/> Point of Sale Register	<input type="checkbox"/> Access	<input type="checkbox"/> PhotoShop	<input type="checkbox"/> Steam Cleaner	_____
_____	_____	_____	<input type="checkbox"/> Bottling line	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

1.	Employer		Dates Employed		Skills/Duties/Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Skills/Duties/Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Skills/Duties/Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Skills/Duties/Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

<p><i>Summarize special job-related skills and qualifications acquired from employment or other experience including any specialized training, apprenticeship, skills, and extra-curricular activities.</i></p>

List professional, trade, business, or civic activities and offices held. Include any job-related training received in the United States military.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Do you have any relatives employed here? Yes No

If yes, please list name(s) and relationship below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

References

1.	_____	()	_____
	(Name)	(Phone #)	Relationship
2.	_____	()	_____
	(Name)	(Phone #)	Relationship
3.	_____	()	_____
	(Name)	(Phone #)	Relationship

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I give the Employer the right to investigate all references and to contact previous employers to verify employment and secure. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand and acknowledge that my employment relationship with this organization will be that of an "at will" employee. As such, I understand that I may terminate my employment at any time. Similarly, I understand that the company may discharge me at any time, with or without cause or notice. I understand that this "at will" employment relationship may not be changed unless such change is specifically acknowledged in writing by the president of the company.

In the event I am employed, I understand that any false or misleading information given by me in my application or at any time during my employment may result in my immediate discharge. I acknowledge and agree that I will abide by all rules and regulations of the company.

I agree to submit to a post-offer physical examination which may include a test for illegal drugs. I hereby expressly release the company, as well as its directors, officers, agents, or employees, from any claim or demand which could conceivably arise in connection with the utilization of any such exams or tests.

I acknowledge that this application of employment will be active for 90 days; after this time period, I must reapply for further consideration.

Signature of Applicant _____ Date _____