

**RENAULT WINERY RESORT & GOLF  
72 NO. BREMEN AVE.  
EGG HARBOR CITY, NJ 08215  
609-965-2111**

AN EQUAL OPPORTUNITY EMPLOYER

**APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS:**

Please complete this application in its entirety. If you need assistance in reading or completing this application, please inform Human Resources. If you need additional space for any answer, use the "additional information" section provided on the last page.

**Please Print**

**PERSONAL INFORMATION:**

Last Name	First Name	Middle Initial	Date
Present Address: Street	City	State/Zip	Period of Residence
Home Phone #:	Cell Phone #:	Email Address:	
<b>Position Desired:</b>	<b>Desired Salary:</b>	Date you can start?	
Type of employment desired: (Circle one) Full-time    Part-time    Temporary    Weekends			Availability Days Evenings Overnights Any
Were you referred? If so, please check appropriate answer. Employee ( )    Newspaper ( )    Other ( )			Walk-in ( )
If hired, can you offer proof that you are at least 18 years of age? <b>If, at the time of hire, you are under 18 years of age we will require, prior to starting work, Working Papers issued through the local school district.</b>			Yes ( )    No ( )
If hired, can you provide proof of your eligibility to work in the United States?			Yes ( )    No ( )
Do you have a valid Driver's License if one is required to perform the job for which you are hired? If "Yes", please provide license number and state where issued.			Yes ( )    No ( )
Have you ever served in the Armed Forces?			Yes ( )    No ( )
Is there any reason or circumstance, either physical or otherwise, which would interfere or hinder you from performing the job or position you have applied for?    Yes ( )    No ( )			

**EDUCATION AND TRAINING DATA:**

Name/Address	Major of Course of Study	Last Year Completed	Scholastic Average	Diploma of Degree
High School		1 2 3 4		
College or University		1 2 3 4		
Other Education				

**EMPLOYMENT HISTORY**

Important Instructions: Please complete all of the items below even if you have submitted a resume. List your employment history for the past six (6) years, starting with your current or most recent position. Include any periods in which you were not employed and note the reason. The furnishing of names of former employers will be construed as your permission to contact them concerning your previous employment.

Name of Employer	Type of Business	Telephone #
Address	City	State/Zip Code
Date of Hire	Starting Position	Starting Salary
Last Day Worked	Ending Position	Ending Salary

Name/Title of Supervisor: \_\_\_\_\_

Description of duties, responsibilities and significant accomplishments \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Employer	Type of Business	Telephone #
Address	City	State/Zip Code
Date of Hire	Starting Position	Starting Salary
Last Day Worked	Ending Position	Ending Salary

Name/Title of Supervisor: \_\_\_\_\_

Description of duties, responsibilities and significant accomplishments \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Employer	Type of Business	Telephone #
Address	City	State/Zip Code
Date of Hire	Starting Position	Starting Salary
Last Day Worked	Ending Position	Ending Salary

Name/Title of Supervisor: \_\_\_\_\_

Description of duties, responsibilities and significant accomplishments \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**APPLICANT: Please read carefully the statement below before signing.**

I understand that any omission or falsification of this document in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Company policy.

I understand that any offer of employment with the Company is conditioned upon the successful completion of a background investigation that the Company may, at its discretion, require.

I authorize the Company, and any agent acting on its behalf, to conduct such an investigation and release the Company and its agents from any liability of any kind or nature by reason of such investigation. I further recognize that I may be the subject of an investigative report ordered by the Company and acknowledge that I have been informed of my right to request information from the Company concerning the nature and scope of such an investigative report, and that under the provisions of P.L. 91-508 the Company will provide me with the name and address of any agency providing such an investigative report.

I agree to conform to the policies and procedures of the Company and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**IMMIGRATION REFORM and CONTROL ACT NOTICE**

Pursuant to the Immigration Reform Control Act of 1986, if you are made an offer of employment, you must produce documents which are specified by the federal government, establishing your identity and authorization for employment in the United States. These documents must be produced no later than 72 hours after commencement of employment. You will also be required to sign Form 1-9 (issued by the federal government) verifying, under oath, your employment authorization.