

## EMPLOYMENT APPLICATION

Employer: Adams County Winery  
Address: 251 Peach Tree Rd.  
Orrtanna, PA 17353

It is the policy of Hiwassee Acres LLC, dba Adams County Winery, to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status. All applicants must be able to lift and carry up to 40 pounds and stand on their feet for up to eight hours a day. Adams County Winery is a Non-Smoking Facility, and as such, we require that all prospective applicants, as well as our employees, be and remain smoke-free. The facility is also a barn, and as such, we require that all prospective applicants, as well as our employees, be comfortable around pets and other animals that may be in the area, including but not limited to spiders, stinging insects, snakes, etc.

**Please answer all questions, unless this information appears on your attached resume.**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Number of years at this address \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Email Address \_\_\_\_\_
2. Position applied for: \_\_\_ Tasting Room Sales Associate \_\_\_ Farm Worker  
\_\_\_ Wine Maker \_\_\_ Office \_\_\_ Other
3. Wage desired \_\_\_\_\_  
Number of hours per week desired \_\_\_\_\_
4. Days available for work \_\_\_\_\_  
\_\_\_\_\_
5. Are you legally eligible for employment in the United States? \_\_\_\_\_
6. If you are offered employment, when would you be available to begin work?  
\_\_\_\_\_
7. Have you ever been convicted of any crime, including traffic violations? \_\_\_\_\_  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

8. Employment History: List your current or most recent employment first:

Employer \_\_\_\_\_  
Address \_\_\_\_\_

Job duties \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_

Job duties \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_

Job duties \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

9. What skills, attributes and/or training do you possess?

\_\_\_\_\_  
\_\_\_\_\_

10. Do you have dependable transportation? \_\_\_\_\_

11. List two people not related to you, their relationship, and their telephone number, who would be willing to provide a *Professional* reference for you:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

12. Do you use tobacco products of any kind? \_\_\_\_\_ yes \_\_\_\_\_ no

13. All jobs at the winery require repeated heavy lifting (up to forty pounds) and standing on your feet for up to eight hours a day. Do you have any physical or mental impediment that would prevent you from performing job requirements?  
\_\_\_\_\_yes \_\_\_\_\_no

14. Do you have any condition (physical, medical, or psychological) that would require special accommodations in order for you to perform your job?

\_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain \_\_\_\_\_

## **CERTIFICATION**

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application or, if employment commences, immediate termination.

I authorize Adams County Winery to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If you are submitting this Application electronically, type **“I agree to the above Certification”** in the signature blank. This constitutes an electronic signature and grants authority as stated above.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

Signature \_\_\_\_\_ Date \_\_\_\_\_