Oakville Winery Acquisition Group dba

NAPA WINE Co.

An equal opportunity employer

Employment Application

	F	Applicant Information	
Full Name:	.	5	
	Last	First	М.І.
Address:			
	Street Address		Apartment/Unit #
	City	State	ZIP Code
Phone:	()		
Position Applie	d for:		
		General Information	
	st 18 years old? ire is subject to verificatio	n that you are of minimur	m legal age.)
□ Yes		No	
	ly eligible to work in the bility is required after hire		
□ Yes		No	
	to perform the essential onable accommodation?	functions of the job for v	which you are applying, with or
□ Yes	□ N	0	
If no, please d	lescribe the functions th	at cannot be performed.	

(Note: NWC complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions.)

Education & Training

ligh School		# of years		
	lame & address)	completed	Degree/Graduate	?
(^	lame & address)			
College /		# of years		
University		completed	Degree/Graduate	?
(^	lame & address)			
Vocational/		# of years		
Business		completed	Degree/Graduate	?
(/	lame & address)			
		# of years		
ertifications		completed	Degree/Graduate	?
		raining, qualifications or skills ompany? If so, please explain:		Ju
especially suited for Military Servi	work at Napa Wine C	ompany? If so, please explain:		
especially suited for Military Servi Do you have any spe	work at Napa Wine C CE ecial skills or abilities a			
especially suited for Military Servi	work at Napa Wine C CE ecial skills or abilities a	ompany? If so, please explain:		 No
especially suited for Military Servi Do you have any spe	work at Napa Wine C CE ecial skills or abilities a	ompany? If so, please explain:	?	
especially suited for Military Servi Do you have any spe	work at Napa Wine C CE ecial skills or abilities a	ompany? If so, please explain:	?	

Employer:		Phone:	_
Address:		Supervisor:	
Position/Duties:			
			_
From:	To:	Reason for Leaving:	

Employer:		Phone:	
Address:		Supervisor:	
Position/Duties:			
rom:	To:	Reason for Leaving:	
mployer:		Phone:	
ddress:		Supervisor:	
osition/Duties:			
rom: Please attach addit	To: ional pages if necessary)	Reason for Leaving:	
		rsonal References	
List below three perso attach list.	ns not related to you who have	e knowledge of your work performances within the last three years. Or	
		Years	
Name:		acquainted:	
Address		Position:	
hone:		Company:	
		Years	
lame:		acquainted:	
Address		Position:	
Phone:		Company:	
		Years	
Name:		acquainted:	
Address		Position:	
Phone:		Company:	

Please read carefully and sign below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact is grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time that elapsed before discovery.

I hereby authorize Napa Wine Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to NWC any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

In consideration of my employment, I agree to conform to the rules and standards of the company and agree that my employment and compensation can be terminated "at will", with or without cause, and with or without notice, at any time, either at my option or at the option of Napa Wine Company. I understand that no employee or representative of the company, other than the Managing Partner, has the authority to enter into agreement for employment for a specified period of time, or to make any express or implied agreement to the contrary to the foregoing. Further, the Managing Partner may not alter the "at will" nature of the employment relationships or enter into any employment agreement for a specified time unless the Managing Partner and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the "at will" nature of my employment relationship and that there are no oral or collateral agreements regarding the issue.

I also understand that all offers of employment are conditioned on the provision satisfactory proof of an applicant's identity and legal authority to work in the U.S. Offers of employment are also conditional on the company's receipt of satisfactory responses and until the successful completion of a background check.

Applicant Signature:

Date