



# APPLICATION FOR EMPLOYMENT

## AN EQUAL OPPORTUNITY EMPLOYER

In order for you to be considered for employment, this application must be filled out in its ENTIRETY.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position Applied for: Busser/Dishwasher      Bartender: \_\_\_\_\_      Cellar Person: \_\_\_\_\_      Packaging Line: \_\_\_\_\_

Are you a citizen of the United States?      YES       NO       If no, are you authorized to work in the U.S.?      YES       NO

Have you ever been convicted of a felony?      YES       NO

If yes, explain: \_\_\_\_\_

### Education

Position Applied for: Busser/Dishwasher      Bartender: \_\_\_\_\_      Cellar Person: \_\_\_\_\_      Packaging Line: \_\_\_\_\_

# Hours per week Available \_\_\_\_\_

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Days/Times Available	to	to	to	to	to	to	to

Additional Information: \_\_\_\_\_

**ONCO Fermentations, Inc. does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, ancestry, age (as defined by applicable law), legally recognized handicap, or veteran status. ONCO Fermentations, Inc. is subject to the provisions of New York States Workers' Compensation Act and provides all staff members with coverage.**

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify the facts set forth in my application are true and complete. I understand and agree that, if employed, any misrepresentation, false statements, or omission of facts on this application may result in dismissal. I authorize ONCO Fermentations, Inc. to check all personal and employment references and to verify all information I have included on this application form.*

*I understand and agree that this application, policies, practices and procedures, and all other communication distributed to me by ONCO Fermentations, Inc. does not constitute or supplement any contract of employment. If I am hired, I understand and agree that all benefits, policies, and procedures may be changed by ONCO Fermentations, Inc. at any time, with or without notice. I further understand and agree that I have the option to terminate my employment relationship with the ONCO Fermentations, Inc. with or without cause and without notice at any time, and that ONCO Fermentations, Inc. retain a similar right.*

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