

Vine & Olive is a drug-free workplace in compliance with the Ohio Bureau of Workers' Compensation
Drug-Free Workplace Program.
ALL EMPLOYEES WILL BE DRUG/ALCOHOL TESTED.

Employment Application

	Applicant	Information									
Full Name:				Date:							
Last Address:	First		M.I.								
Street Address			Apartment/Unit #								
City			State	ZIP Code							
Phone: ()	E-n	nail Address: _									
Date Available: Soci	al Security No.:		Desired Salary	/: \$							
Position Applied for:	V50 NO					NO					
Are you a citizen of the United States?			very to work in the U.S.?								
Have you ever worked for this company	YES NO	If so, when?									
Have you ever been convicted of a felor	YES NO										
If yes, explain:											
Education											
High School:	Address	:									
From: To:		YES NO	Degree:								
College:	Address	:									
From: To:		YES NO	Degree:								
Other:	Address										
From: To:	_ Did you graduate?	YES NO	Degree:								
References											
Please list three professional reference	es.										
Full Name:		Relationship:									
Company:			Phone: <u>(</u>)							
Address:											
Full Name:		Relationship: _									
Company:			Phone: ()							
Address:											
Full Name:		Relationship: _									
Company:			Phone: ()							
Address:											



Return completed application to:

Vine & Olive Attn: Human Resources 4918 Milan Road Sandusky, OH 44870

Previous Employment									
Company:		Phone:	_()					
Address:		Sup	ervisor:						
Job Title:	Starting Salary: \$			Ending Salary:	\$				
Responsibilities:									
From: To:	Reason for Leaving: YES	NO							
May we contact your previous supervisor									
Company:		Phone:	_()					
Address:		Sup	ervisor:						
Job Title:	Starting Salary: \$			Ending Salary:	\$				
Responsibilities:									
From: To:		NO							
May we contact your previous supervisor	for a reference?	NO							
Company:		Phone:	_()					
Address:		Sup	ervisor:						
Job Title:	Starting Salary: \$			Ending Salary:	\$				
Responsibilities:									
From: To:		NO							
May we contact your previous supervisor	for a reference?	NO							
	Military Service)							
Branch:		Fro	om:	To: _					
Rank at Discharge:	Type of	Discharge):		_				
If other than honorable, explain:									
I certify that my answers are true and co	omplete to the best of my kn	owledge.							
If this application leads to employment, may result in my release.		_	informat	tion in my applica	tion or interview				
Signature:				Date:					
	e & Olive n: Human Resources								

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