

# Job Application

## Creek House Honey Farm

Instructions: Print/type clearly in black or blue ink. Answer all questions. Sign and date the form. Email it to: [honeybuzzwinery@gmail.com](mailto:honeybuzzwinery@gmail.com) or return it in person to: Honey Buzz Winery, 5005 4th Ave, Canyon, TX.

### PERSONAL INFORMATION:

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Phone Number

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

Are you eligible to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

### POSITION/AVAILABILITY:

Days/Hours Available

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work?  
\_\_\_\_\_

### EDUCATION:

Name and Address Of School - Degree/Diploma - Graduation Date

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

Skills and Qualifications: Licenses, Skills, Training, Awards

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**QUESTIONS:**

Do you use drugs?

Do you have any previous experience as a bartender or working in a kitchen? Please explain.

What made you interested in applying for this position?

Are you able to lift 20 lbs or more?

Describe a conflict that you have resolved in the workplace:

Do you have any health complications that might hinder your ability to work? (i.e. asthma, back pain)

If you had to choose a jelly bean flavor to describe your personality, which flavor would it be and why? (be specific)

**EMPLOYMENT HISTORY:**

Present Or Last Position:

Employer: \_\_\_\_\_

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

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

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

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

Position Title: \_\_\_\_\_

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

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

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Position:**

Employer: \_\_\_\_\_

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

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

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

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

Position Title: \_\_\_\_\_

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

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

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May We Contact Your Present Employer?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**References: Please list 3**

Name	Phone Number	Relationship
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I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_