Eno Vino is an equal opportunity employer. We select employees based solely on job-related qualifications, regardless of race, religion, sex, national origin, age, veteran status, medical history, disability, sexual orientation, or their membership in a protected group under State, Federal or local Equal Opportunity Laws.



Thank You! We welcome your interest in Eno Vino...and appreciate the time you'll spend completing this application. If you have any questions, please ask the Manager on Duty for assistance.

Name: (Last)		(First)		(Middle Ir	Middle Initial)			
Address:								
City:	State/Zip:		Telephoi	Telephone:				
Social Security Number:		Do you have transportation to work? Yes □ No □						
Person To Notify In Case Of Emergency Name: Phone Number: ()								
Job Interests Position you are applying for:								
When would you be available to start?								
Are there any shifts you cannot work? If so, please explain:								
How long do you intend to remain on the job?								
How did you hear about Eno Vinoand this position?								
Education, Etc.	cle highest level c		HIGH SCHOOL 9 10 11 12	COLLEGE 1 2 3 4	TRADE/TECH 1 2 3 4			
Have you ever been involved in theatre, sports, student government, community service programs, volunteer agencies or similar activities or organizations? If so, please describe:								
Have you ever served as an officer, leader or supervisor in a school, social or civic group? If so, please explain:								
	11 (. (. 0.)/	NI NI						
Are you of legal age to serve alcohol in this state? Yes \(\subseteq \text{No} \(\subseteq \text{No} \subseteq \text{No applicant.} \) Have you ever been convicted of a felony charge? (Convictions will not necessarily disqualify an applicant.) Yes \(\subseteq \text{No} \(\subseteq \text{If yes, give felony, location, date, court, and describe the circumstances:} \)								
Is there anything to prevent you from performing all job-related functions of the position for which you are applying? Yes No If yes, explain:								



Employer:			Supervisor:				
Address:							
City:		State/Zip:		Telephone:			
Starting Position:	Starting W	l age:	Month/Year Begin:		Month/Year End:		
Duties:			Ending Position:		Final Wage:		
Reason for Leaving:							
If currently employed, may we contact your employer: Yes I hereby give Eno Vino permission to contact my references.							
Employer:			Super		/isor:		
Address:				I			
City:		State/Zip:		Teleph	Telephone:		
Starting Position:	Starting Wa	age:	Month/Year Begin:		Month/Year End:		
Duties:	Duties:		Ending Position:		Final Wage:		
Reason for Leaving:							
Employer:				Supervisor:			
Address:							
City: Sta		State/Zip:	State/Zip:		Telephone:		
Starting Position:	Starting W	age:	Month/Year Begin:	Month/Year End:			
Duties:			Ending Position:		Final Wage:		
Reason for Leaving:							
time and that nothing in this ap and me. I acknowledge that the desks, at any time without prior property by submitting to a sea cooperate in such investigation	dards. I unde pplication create Company hor notice or pearch of my pearch of time. Triod of time.	rstand that these p ates, or will create, as the right to cone rmission, and I agr rson or property as a discharge. If I ar The Company may ent at any time, for	olicies and rules may be ar an express or implied con duct random drug testing a ree that I will cooperate in is consistent with state law in hired, my employment w change any wages, benefit any reason, with or without termination of my employment	mended or tract of en nd to searce any invest w. I further vill be at the its and con it cause or	revised by the Company at any apployment between the Company ch its property, such as lockers or igation of missing Company or understand that refusal to be sole discretion of the Company ditions of employment at any time.		

Eno Vino 01.24.09