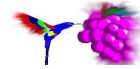


ALLIANCE WINES CORP.

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alliancewinescorp@gmail.com



DATE: _____

NAME (last, first, middle initial): _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____ ARE YOU AT LEAST 21 YEARS OF AGE? Y / N

ARE YOU ELIGIBLE TO WORK IN THE US? Y / N E-MAIL ADDRESS: _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 3 YEARS? Y / N

WORK PHONE: _____ HOME PHONE: _____ CELLULAR PHONE: _____

DRIVER'S LICENSE #: _____ STATE OF ISSUANCE: ____

PROFESSIONAL HISTORY (please list your last three jobs)

1) FROM: _____ TO: _____ \$/YR: _____

EMPLOYER: _____

DUTIES: _____

REASON FOR LEAVING: _____

2) FROM: _____ TO: _____ \$/YR: _____

EMPLOYER: _____

DUTIES: _____

REASON FOR LEAVING: _____

3) FROM: _____ TO: _____ \$/YR: _____

EMPLOYER: _____

DUTIES: _____

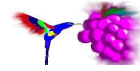
REASON FOR LEAVING: _____

EDUCATION (HIGHEST LEVEL ACHIEVED, WHEN AND WHERE):

-
-

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RELEVANT EXPERIENCE: _____

GOALS: _____

HOBBIES: _____

PROFESSIONAL REFERENCES (PLEASE INCLUDE NAME AND PHONE NUMBER):

- 1) _____ Relation: _____
2) _____ Relation: _____
3) _____ Relation: _____

POSITION APPLYING FOR: _____

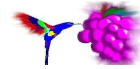
I AFFIRM THAT THE INFORMATION I HAVE WRITTEN IN THIS APPLICATION IS TRUE AND ACCURATE, AND THAT INTENTIONAL OMISSION OF FACT, OR NON-DISCLOSURE, WILL DISQUALIFY ME FROM EMPLOYMENT OR PURSUING EMPLOYMENT WITH ALLIANCE WINES CORP.

ALLIANCE WINES CORP OPERATES UNDER FEDERAL EQUAL OPPORTUNITY EMPLOYMENT LAWS AND REGULATIONS.

APPLICANT'S SIGNATURE/DATE _____

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QUESTIONNAIRE

CRIMINAL RECORD(S) – Please list any and all violations and offenses disposed of, or pending disposal by a court of law within the last 3 years (please include all traffic violations). **NOTE: FELONY OFFENSES WITHIN THE LAST 3 YEARS WILL RESULT IN DENIAL OF A NCABCC LICENSE BY THE NCABCC, AND WILL NULIFY OUR OFFER AND/OR CONTRACT.**

DISABILITY(IES) – Please list any and all disabilities, physical, mental, and/or medical conditions requiring therapy, and/or medication, and/or treatment, and/or special equipment:

APTNESS - Are you able, and/or allowed to handle and lift packages and objects weighing between 2lb and 75lb? (Circle one) Y / N . If no, please explain below:

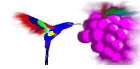
SUBSTANCE - Do you suffer from, or have been diagnosed and/or treated for alcoholism, or any other substance abuse? (Circle one) Y / N If yes, please explain below:

I AFFIRM THAT THE INFORMATION I HAVE WRITTEN IN THIS APPLICATION IS TRUE AND ACCURATE, AND THAT INTENTIONAL OMISSION OF FACT, OR NON-DISCLOSURE, WILL DISQUALIFY ME FROM EMPLOYMENT OR PURSUING EMPLOYMENT WITH ALLIANCE WINES CORP.

APPLICANT'S SIGNATURE/DATE: _____

ALLIANCE WINES CORP.

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alliancewinescorp@gmail.com



INSTRUCTIONS

- 1) Print this application.
- 2) Fill all fields in Pages 1-3 – PLEASE WRITE LEGIBLY.
- 3) Sign and date where required (at the bottom of pages 2 and 3.)
- 4) Scan pages 1-3.
- 5) Assemble together with your Cover Letter and your Resume.
- 6) Email Cover Letter, Application and Resume to: alliancewinescorp@gmail.com
PLEASE TITLE YOUR EMAIL – JOB APPLICATION