



WINE WORLD

WWW.CHANSWINE.COM

Employment Application	
Name: _____	If no: _____
Address: _____	Over 18 Yes No
City: _____	Birth Date: ____/____/____
State: _____ Zip: _____	
Social Security No. _____	Tel. No. _____ - _____ - _____

Availability:	
Full-time: Yes No	Part-time: Yes No
Total Hours available per week? _____ Hrs.	
Days/Times Available:	
Monday: _____	Tuesday: _____
Thursday: _____	Friday: _____
Wednesday: _____	Saturday: _____
Education:	
Highest grade completed? 9 10 11 12	
Did you graduate? Yes No	
Years of college: _____	Degree? _____
Driving Information:	
Do you have your own transportation? Yes No	Are you legally able to be employed in the U.S.? Yes No
Drivers License No.: _____	How did you hear about this job? Yes No
State: _____ Class: _____	
Has your driver's license ever been revoked? Yes No	
Yes No	If yes, date ____/____/____
Health:	
Are you able to lift 50 lbs.?	Yes No
Do you have any allergies?	Yes No
Have ever broken any bones?	Yes No
U.S. Military:	
Branch of Service: _____	
Date Entered: _____	
Date of Discharge: _____	

Most Recent Jobs:	
Company: _____	Company: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____
Supervisor: _____	Supervisor: _____
Dates Worked: _____ to _____	Dates Worked: _____ to _____
Reason for Leaving: _____	Reason for Leaving: _____
Salary: _____	Salary: _____
Personal References:	
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____	Telephone: _____

Wine World. is an equal opportunity employer and does not discriminate in any way or form. All information provided herein is subject to verification for employment. Signature of applicant _____ Date: _____



Personnel Data Form

Select a STORE LOCATION

- DESTIN
 PANAMA CITY
 GRAND BOULEVARD
 MIRAMAR
 FT WALTON
 WATERCOLOR
 THE CRAFT BAR

- New Hire
 Rehire
 Transfer
 Additional Job
 Promotion
 Merit Increase
 Termination
 Demotion
 Inactivate

Effective Date _____

Personal Information

Name: _____
Last First Middle Initial

Social Security Number

Address: _____
Mailing Address City State Zip

Phone Number: _____ Emergency Contact Name & Phone #: _____

Email Address: _____

Hiring Information

Start Date: _____

Status:
 Regular F/T
 Seasonal F/T
 Seasonal P/T
 Year Round PT

Wage: Salary \$ _____ Hourly \$ _____ CAM Incentive Dept. Code: _____ Job Title/Position: _____

CAM Information

Login# _____

Payroll Information

Employee #: _____

Eligible for Benefits: _____

Benefits Plan #: _____

Termination Information:

Eligible for Rehire: Yes _____ No _____

Termination Effective Date: _____

Enrolled in Benefits: Yes _____ No _____

Recall Date (if applicable): _____

Reason for Separation: _____
Vacation Pay Out: _____

Amount owed back to Company: Yes _____ No _____

If yes, what and how much _____

Signature of Employee _____ Signature of Supervisor _____

Date: _____ Date: _____

MANAGER/SUPERVISOR SIGNATURE: _____ DATE: _____
OFFICE APPROVAL SIGNATURE: _____ DATE: _____

Fax Personnel Record, I-9 and Direct Deposit or Pay card Form to 850.654.8868