



M.A. Silva
Corks, USA

Employment Application

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

() _____ - _____ () _____ - _____ () _____ - _____
Business Phone Home Phone Mobile Phone

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for M.A. Silva Corks, USA before? *Yes / No*
If yes, when? _____

Do you have any friends or relatives working for M.A. Silva Corks, USA? *Yes / No*
If yes, state name(s) and relationship:

Name Relationship

Name Relationship

If hired, would you have a reliable means of transportation to and from work? *Yes / No*

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) *Yes / No*

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? *Yes / No*

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? *Yes / No*

If *no*, describe the functions that *cannot* be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense including a felony or a serious misdemeanor? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.) .. *Yes / No*
If *yes*, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education and Training

High School _____ No. of Years? _____
Name

_____ Graduate? *Yes / No* If yes, degree received *Yes / No*

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College/ University _____ No. of Years? _____
Name

_____ Graduate? *Yes / No* If yes, degree received *Yes / No*

Address

No. & Street City State Zip

Vocational/Business School _____ No. of Years? _____
Name

_____ Graduate? *Yes / No* If yes, degree received *Yes / No*

Address

No. & Street City State Zip

Describe any additional relevant training or education. _____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. Attach additional page(s) if necessary.

Previous Employer 1 _____ (____) ____ - ____
Name of Company Telephone No.

Type of Business Your Supervisor's Name

No. & Street City State Zip

Dates of Employment _____ / _____ Pay _____ / _____
Starting Ending Hourly Yearly

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? *Yes / No*

Previous Employer 2 _____ (____) ____ - ____
Name of Company Telephone No.

Type of Business Your Supervisor's Name

No. & Street City State Zip

Dates of Employment _____ / _____ Pay _____ / _____
Starting Ending Hourly Yearly

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? *Yes / No*

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name Last Name Telephone No.

No. & Street City State Zip

Occupation No. of Years Acquainted

First Name Last Name Telephone No.

No. & Street City State Zip

Occupation No. of Years Acquainted

First Name Last Name Telephone No.

No. & Street City State Zip

Occupation No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials chances for employment and that the answers given by me are true and correct to the best of my
knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I
understand that any omission or misstatement of material fact on this application or on any document used
to secure employment shall be grounds for rejection of this application or for immediate discharge if I am
employed, regardless of the time elapsed before discovery.

_____ I hereby authorize M.A. Silva Corks, USA (here after referred to as Company) to thoroughly investigate
Initials references, work record, education and other matters related to my suitability for employment and, further,
authorize the references I have listed to disclose to the company any and all letters, reports and other
information related to my work records, without giving me prior notice of such disclosure. In addition, I
hereby release the Company, my former employers and all other persons, corporations, partnerships and
associations from any and all claims, demands or liabilities arising out of or in any way related to such
investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
Initials be granted or during my employment, if hired, is intended to create an employment contract between me
and the Company. In addition, I understand and agree that if I am employed, my employment is for no
definite or determinable period and may be terminated at any time, with or without prior notice, at the
option of either myself or the Company, and that no promises or representations contrary to the foregoing
are binding on the company unless made in writing and signed by me and the Company's designated
representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction,
Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the
Company, I am entitled to copies of any such public records obtained by the Company unless I mark the
check box below. If I am not hired as a result of such information, I am entitled to a copy of any such
records even though I have checked the box below.

_____ Satisfactory completion of a pre-employment physical, including a drug screening is a mandatory condition
Initials of employment with the Company. A positively confirmed drug test or the refusal to submit to a drug test
will result in the conditional offer of employment being withdrawn.

_____ I waive receipt of a copy of any public record described in the paragraph above.
Initials

Date

Applicant's Signature

Return your completed application

Email: hr@masilva.com

FAX: 707-636-2531

Mail: 3433 Westwind Blvd., Santa Rosa, CA 95403