



Dear Applicant:

Welcome to °BRIX Wine Cellars! Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe in doing business in a professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- We believe in providing legendary service – the unique and powerful sort of personal care and attention that our guests tell stories about.

If this feels like an environment for you, please complete the application.

You may fax the completed application to 832-615-3026 or mail it to the address below:

BRIX Wine Cellars  
110 Vintage Park Blvd, Ste T  
Houston, TX 77070  
281-374-6100



# Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**\*\* PLEASE PRINT CLEARLY \*\***

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How did you find out about this job?  Web site  Employee  Walk-in  Relative  Other \_\_\_\_\_

Why are you seeking a new job at this time? \_\_\_\_\_

## Applicant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Are you at least 18 years old? \_\_\_\_\_ If you are under 18 years of age, can you furnish a work permit? \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_ (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime in the last 7 years?  Yes  No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

## Employment Information

Are you seeking full time, part time or temporary employment? \_\_\_\_\_ Salary Desired: \_\_\_\_\_

|                                                   |        |        |         |           |          |        |          |
|---------------------------------------------------|--------|--------|---------|-----------|----------|--------|----------|
| Specify hours available for each day of the week: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------------------------------------------|--------|--------|---------|-----------|----------|--------|----------|

Are you willing to work overtime? \_\_\_\_\_ Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If hired, when would you be able to start? \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? \_\_\_\_\_ Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need: \_\_\_\_\_

What do you like about wine? \_\_\_\_\_

Why would you like to work for BRIX? \_\_\_\_\_

## Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8      Secondary: 9 10 11 12 G.E.D

College: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

If in high school, are you enrolled in a recognized co-op program?  Yes  No

Degree & Major: \_\_\_\_\_

If yes, identify program and school: \_\_\_\_\_

Minor: \_\_\_\_\_

## Work History (please begin with most recent)

Date (M/D/Y)

|                   |                                                                    |                                        |                 |                    |
|-------------------|--------------------------------------------------------------------|----------------------------------------|-----------------|--------------------|
| From              | Current Employer (Name and Address of Employer – Type of Business) | Salary or Hourly Starting              | Position        | Reason for Leaving |
| To                |                                                                    | Ending                                 |                 |                    |
|                   |                                                                    | If hourly, average # of hours per week |                 |                    |
| Duties Performed  |                                                                    |                                        |                 |                    |
| Supervisor's Name |                                                                    | Phone Number                           | May We Contact? |                    |
| From              | Current Employer (Name and Address of Employer – Type of Business) | Salary or Hourly Starting              | Position        | Reason for Leaving |
| To                |                                                                    | Ending                                 |                 |                    |
|                   |                                                                    | If hourly, average # of hours per week |                 |                    |
| Duties Performed  |                                                                    |                                        |                 |                    |
| Supervisor's Name |                                                                    | Phone Number                           | May We Contact? |                    |
| From              | Current Employer (Name and Address of Employer – Type of Business) | Salary or Hourly Starting              | Position        | Reason for Leaving |
| To                |                                                                    | Ending                                 |                 |                    |
|                   |                                                                    | If hourly, average # of hours per week |                 |                    |
| Duties Performed  |                                                                    |                                        |                 |                    |
| Supervisor's Name |                                                                    | Phone Number                           | May We Contact? |                    |
| From              | Current Employer (Name and Address of Employer – Type of Business) | Salary or Hourly Starting              | Position        | Reason for Leaving |
| To                |                                                                    | Ending                                 |                 |                    |
|                   |                                                                    | If hourly, average # of hours per week |                 |                    |
| Duties Performed  |                                                                    |                                        |                 |                    |
| Supervisor's Name |                                                                    | Phone Number                           | May We Contact? |                    |

# Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify BRIX Wine Cellars if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

## AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only an owner of the company is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_