| Employer Application | | | |
| --- | --- | --- | --- |
| Applicant Information | | | |
| Legal Name: | | | |
| DBA (if applicable): | | | Phone: |
| Current address: | | | |
| City: | State: | | ZIP Code: |
| Years in business: | Annual case production: | | Number of Employees: |
| Primary Contact First Name: | Last: | | Phone: |
| Email: | | | Alt Phone: |
| Workers Comp Information | | | |
| Workers Comp Provider: | | | |
| Address: | | | Policy Number: |
| Phone: | E-mail: | | Fax: |
| City: | State: | | ZIP Code: |
| Liability Insurance | | | |
| Insurance Provider: | | | |
| Address: | | | NAIC #: |
| Policy Number: | Effective date: | | Expiration date: |
| Please attach a current Certificate of Liability insurance. | | | |
| ABC - Certificate of Good Standing (if applicable) | | | |
| Do you have an ABC License? Yes No (Please circle) | | TYPE(S) Number DUP: | |
| Valid from date: | Expiration date: | |  |
| If you hold an ABC license, please attach a Certificate of Status from the Secretary of State of the State of California dated no older than one year from application date. | | | |
| Operation Information | | | |
| Tasting room: Yes No (Please circle) | | Vineyards: Yes No (Please circle) | |
| How many days a week are you open: | | How many acres do you farm: | |
| Hours of Operation: | | Can you employ an apprentice for 125-375 hours over a 3 month period? Yes No (Please circle) | |
| For which quarter(s) are you available: Jan-Mar Apr-Jun Jul-Sept Oct-Dec (Circle all that apply) | | | |
| What type of work are you able to accommodate: Vineyard Administrative Winemaking Tasting Room (Circle all that apply) | | | |
| Business References | | | |
| Name | Address | | Phone |
|  |  | |  |
|  |  | |  |
| Signatures | | | |
| I certify that the information stated above is true and accurate to the best of my knowledge. | | | |
| Printed Name: | | | Title: |
| Signature: | | | Date: |

**PLEASE EMAIL COMPLETED APPLICATION TO: viticulture.apprentice@gmail.com**