



APPLICATION FOR EMPLOYMENT FORM

Casa Latina is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, marital status, honorably discharged veteran or military status, citizenship or immigration status, creed, sexual orientation, gender identity, status as a victim of domestic violence, sexual assault, or stalking, political ideology, caste, familial status, source of income, or any other characteristic protected by federal, state, or local law.

Position Applied For: _____

Referral Source: _____

Name: _____

Preferred Name: _____

Address: _____

E-Mail Address: _____ **Phone:** (____) _____

<p>Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date you can start work: _____</p> <p>May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Are you on layoff status or subject to recall elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you wish to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary</p> <p>Are you willing and available to work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Overtime <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays</p> <p>If applying for a job that requires one, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you previously applied with us? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p>Have you previously worked with us? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p>Are any of your records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what name? _____</p> <p>Do you have any relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who? _____</p> <p>Is there any reason you might be unable to meet our attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____</p>
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Education/Training	Name and Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what?



SKILLS / ABILITIES:

List any software or machines you are skilled in using:

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests:

JOB REQUIREMENTS

Will you be able to perform the essential functions of the job, with or without reasonable accommodation?

Yes No

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Current or Most Recent Employer:

Address:	Phone: ()
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Hire Date:	Term Date:	Supervisor:
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Job Title & Duties:

Why Did You Leave?

Previous Employer #1:

Address:	Phone: ()
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Hire Date:	Term Date:	Supervisor:
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Job Title & Duties:

Why Did You Leave?

Previous Employer #2:

Address:	Phone: ()
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Hire Date:	Term Date:	Supervisor:
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Job Title & Duties:

Why Did You Leave?

PROFESSIONAL REFERENCE

Name:

Address:	Phone: ()
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Occupation:	How Long Known:
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PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

1. As a final step in the hiring process, an applicant may be subject to a drug screening test. If a job offer is made, it may be made contingent upon the successful passing of this test.



2. The facts contained in this application are true and complete. I understand that false, misleading, or incomplete statements on this application may be grounds for disqualification of employment consideration or termination of employment if I am hired.
3. **I UNDERSTAND** that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.

Date: _____ Signature of Applicant: _____