

## **Employment Application**

Los Agaves is an equal opportunity employer dedicated to non-discrimination in all employment practices. Los Agaves selects the best qualified individual for the job based on job-related qualifications regardless of race, color, national origin (including language use restrictions), ancestry, place of birth, sex (gender), pregnancy, childbirth, breastfeeding or related medical condition, sexual orientation, gender identity or expression, transgender status, age (40+), religious creed (including religious observances, practices, dress and grooming standards), physical, intellectual or mental disability, medical conditions including cancer, genetic information, AIDS/HIV status, marital or domestic partnership status, denial of Family and Medical Care Leave, veteran or military status, weight, height, receiving Medi-Cal assistance, political affiliation, position in a labor dispute, application or participation in a public assistance program, criminal history (including arrest and conviction records), or any other characteristic protected by federal, state or local law, regulation or ordinance.

Please Print	-
Full Name	Date:
Home Telephone ()	Cell Phone ()
Email	
Present Address	
Permanent Address, if different from present address:	
Employment Desired	
Position applying for:	Salary desired:
How did you find out about our open position (Please fill	
Company Website Internet  Agency Referral	Job Board Other Source
	If hired, on what date could you start working?
Personal Information Have you ever applied to or worked for Los Agaves before	e? Yes No If yes, when?
Do you have friends or relatives working for Los Agaves?	YesNo
If yes, please state name and relationship:	
If hired, can you present evidence of your legal right to li	ve and work in this country? Yes No
State age if you are under 18, If you are under 1 legal age to work.	8, hire is subject to verification that you are of minimum

Your Position and Duties	<del></del>					
Dates of Employment: From	To	Weekly Pay: S	Starting Ending			
Reason for Leaving:						
Name and Address of Employer _	·					
Telephone No. ()	Your Supervisor's Name					
Your Position and Duties						
Dates of Employment: From	To	Weekly Pay: S	tarting Ending			
Reason for Leaving:						
Name and Address of Employer _						
	Your Supervisor's Name					
Your Position and Duties	<del></del>					
Dates of Employment: From	То	Weekly Pay: S	tarting Ending			
Reason for Leaving:						
Job-Related References List your manager(s) at the last th	ree places you were ei	nployed.				
Name:		Telep	hone No. ()			
Address						
Occupation:	Relationship:		Number of Years Acquainted:			
Name:		Telepi	hone No. ()			
Address						
Occupation:	Relationship:		Number of Years Acquainted:			
Name:		Telepi	hone No. ()			
Address			, <u> </u>			
Occupation:			Number of Years Acquainted:			

functions.)			ecessary for eligi	are application	,p.o, 000 to		
Availability *	Please mai	rk X if not a	ailable and A	if available			
Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							
f so, describe: _	ed any special		s as the result of se	ervice in the milit	ary? Yes	No	
Education, T	raining, an	d Experienc	е				
School Name and Address			No. of Years Completed	Did You Graduate?	Degree/ Diploma		
High School						Yes No	
College/ University						Yes No	
Vocational/ Business					Yes No		
ome of our cust	tomers do not	speak English. language(s)? _	Do you speak, wri	te or understand	any foreign lan	guages?	
o you have any gaves? If so, pl	other experier lease explain.	nce, training, qu	ualifications or skills	s, which you feel	make you espe	cially suited for	work at Los
inployment ist below all pr ccount for une overed by the r	esent and pasemployment p	st employment eriods of three	t starting with you e months or more.	ir most recent e	mployer (last 7 resume, <u>compl</u>	years is sufficete only section	ient). ns not
re you currently				we contact your			lo
ame and Addre	ess of Employ	/er					

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 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 facts 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 Los Agaves to thoroughly investigate my 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 hereby authorize Los Agaves and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history. I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date. Los Agaves is an at-will employer. I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. 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, with or without cause, 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. I hereby acknowledge that I have read and understand the above statements.

Date \_\_

Applicant's Signature \_\_\_\_\_