

APPLICATION FOR EMPLOYMENT

Cuidado Casero is an Equal Opportunity Employer (M/F/D/V)

It is the policy of Cuidado Casero (the Company) to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, gender, sexual orientation, age, national origin, marital status, disability, genetic disposition or veteran status. This application will be given every consideration, but its receipt does not imply that there are any open positions or that the applicant will be employed. Only applicants meeting the minimum requirements for a position as determined by the company will be considered for employment. Should more than one qualified person make application, the company reserves the right to select the applicant that, in its opinion, possesses the best qualifications.



Employment Desired:

Position Desired:

Salary Desired:

Are you seeking: Full Time Part Time PRN

Date You Can Start:

Personal Information: (Incomplete information could disqualify you from further consideration.)

Name: (First, Middle, Last)

Today's Date:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

E-mail Address:

Yes No

Are you eligible to work in the United States?

Yes No

Are you at least 18 years of age or older? (If no, you may be required to provide authorization to work.)

Yes No

Are you Bi-Lingual (English / Spanish)?

Yes No

Can you work overtime, including weekends?

Yes No

Do you have reliable transportation?

Yes No

Referral Source:

How did you hear about us? Website Advertisement Referral College Source:

Have you ever worked for this company? If yes, please provide dates, supervisors, etc.:

Yes No

Do you know anyone who works for this company? If yes, please provide name and length of time known for each:

Yes No

Do you have any relatives currently working for this company? If yes, please provide name and relationship for each:

Yes No

Background:

Are you currently employed?

Yes No

If yes, may we contact your present employer?

Yes No

Have you ever been terminated from employment or asked to resign by an employer? If yes, please provide company names and contacts:

Yes No

Have you ever been convicted of a felony offense? (A conviction will not necessarily disqualify you for employment. Rather, such factors as age, date of conviction, seriousness, and nature of the crime will be considered.) If yes, please provide dates and location for all convictions:

Yes No

EMPLOYMENT HISTORY

Include your last three positions (or your last ten (10) years of employment history), including periods of unemployment, starting with the most recent and working backwards in time. (Incomplete information could disqualify you from further consideration.)

Current or Most Recent Employer:

Employed From:	Employed To:	Starting Salary:	Ending Salary:
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
City:	State:	Zip:	Phone Number:
Position Title:			
Supervisor:		Supervisor's Title:	
Nature of the Work Performed and Position Responsibilities:			
Reason for Leaving:			

Second Most Recent Employer:

Employed From:	Employed To:	Starting Salary:	Ending Salary:
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
City:	State:	Zip:	Phone Number:
Position Title:			
Supervisor:		Supervisor's Title:	
Nature of the Work Performed and Position Responsibilities:			
Reason for Leaving:			

Third Most Recent Employer:

Employed From:	Employed To:	Starting Salary:	Ending Salary:
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
City:	State:	Zip:	Phone Number:
Position Title:			
Supervisor:		Supervisor's Title:	
Nature of the Work Performed and Position Responsibilities:			
Reason for Leaving:			

EDUCATION

	Name of School	City/State	No. Years Attended	Subjects/Major	Degree Y/N
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University					<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School					<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade or Business School					<input type="checkbox"/> Yes <input type="checkbox"/> No

Licenses or Certifications:

Name/Type:	Issued By:	Issue Date:	Expiration Date:
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Name/Type:	Issued By:	Issue Date:	Expiration Date:

Special skills, experience and/or training that would enhance your ability to perform the position applied for.

REFERENCES: (Provide names/addresses/phone numbers of three persons, not related to you, whom you have known at least three (3) years.)

Name:	Address/Phone:	Occupation:	# Years Known:
Name:	Address/Phone:	Occupation:	# Years Known:
Name:	Address/Phone:	Occupation:	# Years Known:

AUTHORIZATION



AUTHORIZATION AND RELEASE FOR VERIFICATION OF EMPLOYMENT INFORMATION and BACKGROUND SCREENING

Please Read Carefully Before Signing

This release and authorization acknowledges that Cuidado Casero may now, or any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and to receive any criminal history information pertaining to me which may be in files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility by **Cuidado Casero**. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment, before making the adverse action, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed **at will** and that my employment can be terminated with or without cause, and with or without notice at any time.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.

I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms. In compliance with the Drug-Free Workplace Act of 1988, I understand I may be subject to pre-employment, random, post-accident and reasonable drug and alcohol testing.

I authorize any of **Cuidado Casero's** representatives, agents, and investigators, to disclose orally and in writing the results of this verification process to the designated authorized representative of **Cuidado Casero**. I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Cuidado Casero and its representatives, agents, and investigators with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge **Cuidado Casero 's**, its representatives, agents and investigators to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expense, or any other charge or complaint filed with any Agency arising from retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to record information and of the nature and scope of the investigative report.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER OF THE COMPANY. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

Applicant's Name: (Please Print)	
Applicant's Signature:	Date:
Social Security No.: ____ / ____ / ____	Driver's License No. ____ / State:
DOB:	

THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE SIGNED/DATED ABOVE.

EEOC INFORMATION



It is the policy of Cuidado Casero to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, sexual orientation, genetic disposition or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.

(PLEASE PRINT)

Applicant Information	
Last Name:	Date:
First Name:	Middle Initial:
Position sought: (List only one.)	
What is your race/ethnic origin? (Please check one.)	
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino (All races)
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> African-American	<input type="checkbox"/> Native Hawaiian/other Pacific Islander
What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE: A disabled veteran is a person entitled to disability compensation under laws administered by the U.S. Department of Veterans Affairs for disability rated at 30 percent or more or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.	
Do you have a mental or physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE: A person with a mental or physical disability is one who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such an impairment.	