



EMPLOYMENT APPLICATION FORM

BASIC INFORMATION

NAME: _____ SS NUMBER: _____ DATE OF BIRTH: _____
 EMAIL: _____ CELLPHONE: _____ PHONE NUMBER: _____
 ADDRESS: _____ CITY: _____ ZIPCODE: _____ STATE: _____ DRIVERS LICENSE No: _____

JOB INFORMATION:

Job you are applying for: _____ Full time or part time: _____ Are you currently employed?
 Hourly rate/salary: _____ Date available to start: _____ Are you a us citizen?
 Can you provide proof of your eligibility to work in the US? _____ Can you perform this job's tasks with or without accommodations?
 What reasonable accommodation, if any, would you request? _____
 Are you available to work over time? _____ Are you eligible to work in usa? _____ How you ever been convicted of a crime?
 If yes, explain: _____

EMPLOYMENT HISTORY

EMPLOYER NAME: _____ SUPERVISOR: _____ PHONE NUMBER _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 JOB RESPONSABILITIES: _____

REASON FOR LEAVING: _____
 DATES OF EMPLOYMENT: _____ HOURLY RATE/SALARY? _____
 EMPLOYER NAME: _____ SUPERVISOR: _____ PHONE NUMBER _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 JOB RESPONSABILITIES: _____

REASON FOR LEAVING: _____
 DATES OF EMPLOYMENT: _____ HOURLY RATE/SALARY? _____

SKILLS AND QUALIFICATIONS

List any relevant skills and qualifications for the position: _____

AVAILABILITY

MONDAY _____ THURSDAY _____ SUNDAY _____
 TUESDAY _____ FRIDAY _____ NOTES: _____
 WEDNESDAY _____ SATURDAY _____

EDUCATION AND TRAINING

SCHOOL	YEAR	DEGREE	LOCATION

CERTIFICATIONS OR LICENCES:

REFERENCES

NAME: _____ OCCUPATION: _____ RELATIONSHIP: _____
 EMAIL: _____ PHONE NUMBERS: _____ YEARS KNOWN: _____
 NAME: _____ OCCUPATION: _____ RELATIONSHIP: _____
 EMAIL: _____ PHONE NUMBERS: _____ YEARS KNOWN: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE NUMBERS: _____ RELATIONSHIP: _____
 EMAIL: _____ ADDRESS: _____ CITY: _____ ZIPCODE: _____

OTHER INFORMATION:

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application or immediate termination if employment commences. I authorize La Cave LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I also authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its member, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same right. Moreover, no agent, representative, or employee of La Cave LLC, except in a specific written contract of employment signed on behalf of the organization by its member, has the power to alter or vary the voluntary nature of the employment relationship.
 I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE