



APPLICATION FOR EMPLOYMENT
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

DATE OF APPLICATION		
MONTH	DAY	YEAR

LAST NAME	FIRST	MIDDLE	OTHER NAMES USED	SOCIAL SECURITY NUMBER
CURRENT ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER DAY NIGHT

IF OFFERED EMPLOYMENT, CAN YOU PROVIDE PROOF OF YOUR LEGAL RIGHT TO WORK IN THE USA? YES NO

EMERGENCY CONTACT (PARENT/GUARDIAN IF MINOR)	NAME	ADDRESS	CITY/STATE/ZIP	PHONE
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IF MINOR, HIRE IS SUBJECT TO VERIFICATION OF LEGAL AGE REQUIREMENTS.

POSITION(S) APPLYING FOR	SALARY DESIRED	DATE AVAILABLE TO BEGIN WORK
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OTHER POSITIONS INTERESTED IN	AVAILABLE TO WORK						
	MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
	FROM: _____	_____	_____	_____	_____	_____	_____
	To: _____	_____	_____	_____	_____	_____	_____

PREFERRED LOCATION	HOW DID YOU LEARN OF THE POSITION?	WHO REFERRED YOU?
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HAVE YOU WORKED FOR LA TASCA BEFORE?	IF TRAVEL REQUIRED, HOW MUCH ARE YOU WILLING TO DO?
LOCATION: _____ DATE: _____	NONE OCCASIONAL

ARE YOU RELATED TO ANYONE EMPLOYED WITH LA TASCA? *(PLEASE NOTE RELATIONSHIP AND DEPARTMENT/LOCATION THEY ARE IN)*

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME WITHIN THE LAST TWO YEARS *(EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS)?*

PLEASE NOTE THAT A CONVICTION WILL NOT NECESSARILY DISQUALIFY ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT.

EDUCATION

NAME OF SCHOOL	CITY & STATE	DATES		GRADUATED?
		To	FROM	
HIGH SCHOOL				YES NO
COLLEGE				YES NO
OTHER SCHOOL(S) - BUSINESS/TRADE				YES NO

JOB RELATED SKILLS OR SPECIAL LICENSES, MEMBERSHIPS RELEVANT TO EMPLOYMENT, OR SKILLS ACQUIRED IN THE ARMED SERVICES, WHICH WOULD ASSIST YOU IN THIS POSITION. *(DO NOT LIST ANY ORGANIZATION WHICH WOULD INDICATE RACE, COLOR, CREED, AGE, RELIGION, SEX, MARITAL STATUS OR PHYSICAL HANDICAP)*

IF THE POSITION YOU ARE APPLYING FOR REQUIRES LIFTING, ARE YOU ABLE TO LIFT 50 LBS. OR MORE? YES NO

EMPLOYMENT RECORD (LIST MOST RECENT EMPLOYMENT FIRST)

DATES OF EMPLOYMENT TO FROM	FIRM NAME & ADDRESS	JOB TITLE & RESPONSIBILITY
	NAME _____ STREET _____ CITY, STATE ZIP _____ PHONE _____	
RATE OF PAY	SUPERVISOR	REASON FOR LEAVING
	NAME _____ STREET _____ CITY, STATE ZIP _____ PHONE _____	
RATE OF PAY	SUPERVISOR	REASON FOR LEAVING
	NAME _____ STREET _____ CITY, STATE ZIP _____ PHONE _____	
RATE OF PAY	SUPERVISOR	REASON FOR LEAVING
	NAME _____ STREET _____ CITY, STATE ZIP _____ PHONE _____	
RATE OF PAY	SUPERVISOR	REASON FOR LEAVING

MAY WE CONTACT THESE EMPLOYERS?

Yes

No

PLEASE INDICATE ANY EMPLOYERS YOU PREFER WE NOT CONTACT. _____

REFERENCES

PLEASE PROVIDE THE NAMES AND TELEPHONE NUMBERS OF PERSONS NOT RELATED TO YOU WHO WILL PROVIDE PROFESSIONAL OR CHARACTER REFERENCES ON YOUR BEHALF.

NAME	TELEPHONE NUMBER
NAME	TELEPHONE NUMBER
NAME	TELEPHONE NUMBER

APPLICANT: PLEASE READ AND SIGN BEFORE SUBMITTING APPLICATION.

I understand that La Tasca may thoroughly investigate my entire employment history, references, educational background, driving record, credit history, required licensing and/or certifications, and criminal record, and I expressly authorize La Tasca to verify all information provided in this employment application, related documents and/or employment-related interviews or discussions.

I expressly authorize La Tasca to conduct a search of my person or locker at any time and waive any or all claims that might arise from such searches.

A medical examination, which may include a test for drugs and alcohol, may be required after an offer of employment is made to a job applicant and before an applicant begins employment duties. I expressly agree to present myself to a physician chosen by La Tasca for such a test if requested to do so by La Tasca after an offer of employment is made and before my employment begins and also at any time during my employment. All medical information thus obtained will be treated in a strictly confidential manner. Refusal to take such an examination and/or to submit a blood or urine sample for testing may result in a withdrawal of La Tasca, conditional offer of employment and a denial of employment.

I understand and agree that employment with La Tasca is at-will. Either the employer or employee may terminate the employment relationship at-will. Employment may be terminated at any time, with or without notice, with or without "cause," by you or by the employer. Terms, conditions and privileges of employment with La Tasca may be modified at the sole discretion of the employer, with or without "cause," and with or without notice. Only the President of La Tasca has the authority to make any agreement for employment other than for employment at-will, or to make any agreement limiting the employer's discretion to modify terms and conditions of employment. No other employee or person has this authority. Only the President of La Tasca has the authority to make any such agreement, and, even then, such an agreement is enforceable only if it is in writing. No implied contract or agreement concerning any employment-related decision or term, condition or privilege of employment can be created by any other statement, practice, policy, or conduct. Terms, conditions, and privileges of employment within the sole discretion of the employer would include, but are not limited to, the following examples: all decisions and actions concerning hiring, compensation, promotion, suspension, demotion, qualifications, benefits, transfers, employee discipline, layoff, recall, work rules, hours of work, schedules of work, work assignments, employment duties, responsibilities, performance and/or production standards, subcontracting, expansion, reduction or cessation of operations, merger consolidation, sale or relocation of operations, decisions concerning the use of equipment, methods or facilities or any other term, condition or privilege of employment La Tasca in its sole discretion, deems necessary to the safe, efficient and cost-effective operation of its business/enterprise.

If a dispute arises out of, or is related to my application or the employment relationship, including termination of employment, La Tasca and I agree to resolve all such disputes pursuant to La Tasca Arbitration Policy. I HEREBY WAIVE ANY RIGHTS I MAY HAVE TO TRIAL BY JURY IN REGARD TO ARBITRAL CLAIMS.

I have read this application, and understand it completely.

Signature of Applicant _____

Date _____

THANK YOU FOR APPLYING WITH LA TASCA