



## EMPLOYMENT APPLICATION

Casa Herrera, Inc.  
2655 Pine Street  
Pomona, California 91767

Telephone: (909) 392-3930  
Telephone: (800) 624-3916  
Fax: (909) 392-0231

Casa Herrera offers equal employment opportunity to all applicants for employment and to all employees regardless of race, color, religion, sex, national origin, age, citizenship, sexual orientation, ancestry, marital status, pregnancy, physical or mental disability, medical condition or status as a disabled veteran or a veteran of the Vietnam era or any other characteristic protected by applicable law.

PLEASE READ CAREFULLY. ANSWER ALL QUESTIONS. PRINT CLEARLY IN INK.

| GENERAL INFORMATION  |                              |                             |   |                             |  |
|--|------------------------------|-----------------------------|---|-----------------------------|--|
| FIRST NAME   | MIDDLE                       | LAST                        | DATE  |                             |  |
| HOME ADDRESS   | STREET                       | APT.                        | CITY  | STATE                       | ZIP CODE   |
| HOME PHONE<br>( ) ( )  | MESSAGE PHONE<br>( ) ( )     | E-MAIL ADDRESS              | IF YOU ARE UNDER AGE 18, CAN YOU PROVIDE A WORK PERMIT IF OFFERED THE POSITION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                             |  |
| HOW WERE YOU REFERRED TO US:<br><input type="checkbox"/> ADVERTISEMENT: _____ <input type="checkbox"/> EMPLOYEE: _____ <input type="checkbox"/> SCHOOL: _____ <input type="checkbox"/> OTHER: _____                          |                              |                             |   |                             |  |
| HAVE YOU PREVIOUSLY BEEN EMPLOYED BY, VOLUNTEERED FOR OR WORKED THROUGH AN AGENCY AT CASA HERRERA?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                              |                             |   |                             |  |
| POSITION   | FROM                         | TO                          | YOUR NAME IF DIFFERENT FROM ABOVE   |                             |  |
| DO YOU HAVE THE LEGAL RIGHT TO WORK AND BE EMPLOYED IN THE UNITED STATES? (Proof of identity and legal authority to work in the U.S. is a condition of employment.) <input type="checkbox"/> YES <input type="checkbox"/> NO |                              |                             |   |                             |  |
| RELATIVES EMPLOYED AT CASA HERRERA (Please specify name and relationship):   |                              |                             | RELATIONSHIP  | DEPARTMENT                  |  |
| NAME: _____  |                              |                             | _____   | _____                       |  |
| NAME: _____  |                              |                             | _____   | _____                       |  |
| PREVIOUS APPLICATIONS  |                              |                             |   |                             |  |
| HAVE YOU EVER APPLIED FOR A POSITION WITH CASA HERRERA BEFORE?   |                              |                             | <input type="checkbox"/> YES  | <input type="checkbox"/> NO |  |
| POSITION(S)  |                              |                             | DATE OF LAST APPLICATION:   |                             |  |
| _____  |                              |                             | _____   |                             |  |
| JOB INTEREST   |                              |                             |   |                             |  |
| POSITION DESIRED   |                              |                             | DATE AVAILABLE  | SALARY DESIRED              |  |
| HOURS & SHIFTS AVAILABLE:  |                              |                             | HOW MANY HOURS PER WEEK ARE YOU AVAILABLE?  | DAY SHIFT                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| FULL TIME  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____   | EVENING SHIFT               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PART TIME  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |   | NIGHT SHIFT                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ON CALL  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |   | WEEKENDS                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| SOME POSITIONS AT CASA HERRERA MAY REQUIRE OVERTIME AND/OR WEEKEND WORK. ARE THERE ANY DAYS AND/OR HOURS THAT YOU ARE NOT AVAILABLE TO WORK? _____   |                              |                             |   |                             |  |

We appreciate the time you are giving to complete this application form and for your interest in employment with us. It is important that you indicate the position(s) for which you wish to be considered and that you fully and accurately complete this form yourself.

If there is a current opening in the position(s) you are seeking and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the entire interview process is completed. Thank you for your interest in Casa Herrera, Inc.

**EMPLOYMENT HISTORY**  
**MOST RECENT EMPLOYER FIRST – EXPLAIN LAPSES IN EMPLOYMENT BETWEEN JOBS**

Account for all time for the past **10 YEARS**. Include service in the United States military and voluntary services related to the position you are seeking and every period of unemployment. If self-employed, give firm name, business activities undertaken by you and one business reference that we may contact. **DO NOT EXCLUDE ANY EMPLOYMENT, NO MATTER HOW SHORT A PERIOD.** If you need more space, additional pages are available. As further explained below, *by signing this application, you permit Casa Herrera, Inc. to contact all of your previous employers.*

|   |  |   |                      |      |
|---|--|---|----------------------|------|
| PRESENT OR MOST RECENT EMPLOYER, VOLUNTARY ORGANIZATION, OR BRANCH OF SERVICE | IF STILL EMPLOYED, MAY WE CONTACT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NAME UNDER WHICH YOU WORKED IF DIFFERENT FROM THAT SHOWN ON FRONT PAGE:                     | PHONE<br>(    )      | EXT. |
| ADDRESS (Number, Street, City, State, Zip)                                    |  | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME    AVG. HRS. PER WEEK |                      |      |
| JOB TITLE   | IMMEDIATE SUPERVISOR (name, title)   |   | EMPLOYMENT DATES     |      |
| NATURE OF DUTIES  |  | FROM:<br>MONTH    YEAR  | TO:<br>MONTH    YEAR |      |
| REASON FOR LEAVING (indicate resigned, discharged, etc. because of...)        |  |   |                      |      |

• EXPLAIN ANY LAPSE HERE

|  |  |   |                      |      |
|--|--|---|----------------------|------|
| PREVIOUS EMPLOYER, VOLUNTARY ORGANIZATION, OR BRANCH OF SERVICE        | IF STILL EMPLOYED, MAY WE CONTACT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NAME UNDER WHICH YOU WORKED IF DIFFERENT FROM THAT SHOWN ON FRONT PAGE:                     | PHONE<br>(    )      | EXT. |
| ADDRESS (Number, Street, City, State, Zip)                             |  | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME    AVG. HRS. PER WEEK |                      |      |
| JOB TITLE  | IMMEDIATE SUPERVISOR (name, title)   |   | EMPLOYMENT DATES     |      |
| NATURE OF DUTIES   |  | FROM:<br>MONTH    YEAR  | TO:<br>MONTH    YEAR |      |
| REASON FOR LEAVING (indicate resigned, discharged, etc. because of...) |  |   |                      |      |

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| ADDRESS (Number, Street, City, State, Zip)                             |  | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME    AVG. HRS. PER WEEK |                      |      |
| JOB TITLE  | IMMEDIATE SUPERVISOR (name, title)   |   | EMPLOYMENT DATES     |      |
| NATURE OF DUTIES   |  | FROM:<br>MONTH    YEAR  | TO:<br>MONTH    YEAR |      |
| REASON FOR LEAVING (indicate resigned, discharged, etc. because of...) |  |   |                      |      |

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| ADDRESS (Number, Street, City, State, Zip)                             |  | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME    AVG. HRS. PER WEEK |                      |      |
| JOB TITLE  | IMMEDIATE SUPERVISOR (name, title)   |   | EMPLOYMENT DATES     |      |
| NATURE OF DUTIES   |  | FROM:<br>MONTH    YEAR  | TO:<br>MONTH    YEAR |      |
| REASON FOR LEAVING (indicate resigned, discharged, etc. because of...) |  |   |                      |      |

• EXPLAIN ANY LAPSE HERE

**EDUCATION WILL BE CONSIDERED ONLY TO THE EXTENT THAT IT IS RELEVANT TO THE JOB YOU ARE APPLYING FOR**

|                         |         |       |   |  |                 |
|-------------------------|---------|-------|---|--|-----------------|
| JR. HIGH OR HIGH SCHOOL | ADDRESS |       | CIRCLE HIGHEST GRADE COMPLETED:<br>7 8 9 10 11 12 | GRADUATED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DEGREE OBTAINED |
| COLLEGE                 | ADDRESS | MAJOR | 1 2 3 4   | GRADUATED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                 |
| COLLEGE                 | ADDRESS | MAJOR | 1 2 3 4   | GRADUATED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                 |
| COLLEGE                 | ADDRESS | MAJOR | 1 2 3 4   | GRADUATED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                 |

OTHER EDUCATION, SPECIAL COURSES, OR ACADEMIC HONORS

LIST COURSES YOU ARE NOW ENROLLED IN WHICH RELATE TO THE POSITION YOU ARE SEEKING, INDICATE WHERE ENROLLED.

IDENTIFY NAME ENROLLED IF DIFFERENT FROM THAT SHOWN ON FRONT PAGE.

**PROFESSIONAL LICENSES/REGISTRATIONS/CERTIFICATIONS**

|   |        |              |             |            |
|---|--------|--------------|-------------|------------|
| TYPE (If the position you are applying for requires a current license, registration or certification, proof of same will be required) | NUMBER | STATE ISSUED | DATE ISSUED | EXPIRES ON |
| TYPE (If the position you are applying for requires a current license, registration or certification, proof of same will be required) | NUMBER | STATE ISSUED | DATE ISSUED | EXPIRES ON |

HAS YOUR PROFESSIONAL LICENSE EVER BEEN REVOKED OR SUSPENDED?  YES  NO  
If "yes," when and why?

LIST ANY PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER (You may exclude those which indicate race, color, religion, sex, national origin, age, citizenship, sexual orientation, ancestry, marital status, pregnancy, physical or mental disability, medical condition or status as a disabled veteran or a veteran of the Vietnam era or any other characteristic protected by applicable law).

LIST ACTIVITIES OR PROFESSIONAL OR TRADE ASSOCIATIONS IN WHICH YOU HAVE BEEN ACTIVE AND WHICH YOU BELIEVE ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. (You may exclude those that indicate the race, color, religion, sex, national origin, age, citizenship, sexual orientation, ancestry, marital status, pregnancy, physical or mental disability, medical condition or status as a disabled veteran or a veteran of the Vietnam era or any other characteristic protected by applicable law).

**SPECIAL SKILLS AND TRAINING**

**THIS INFORMATION IS ONLY TAKEN INTO CONSIDERATION TO THE EXTENT THAT IT IS RELEVANT TO THE JOB(S) YOU ARE APPLYING FOR**

SPECIFY NUMBER OF MONTHS/YEARS OF EXPERIENCE AND/OR SPEED

10-KEY (Touch):  YES  NO TYPING (Speed): \_\_\_\_\_ DATE LAST TESTED: \_\_\_\_\_ SPREADSHEET (Software Used): \_\_\_\_\_

OTHER SOFTWARE USED \_\_\_\_\_

PLEASE PRESENT ANY ADDITIONAL INFORMATION CONCERNING YOUR WORK INTERESTS, EXPERIENCE, OR HOBBIES RELATED TO THE POSITION YOU ARE SEEKING WHICH YOU BELIEVE WILL BE HELPFUL IN EVALUATING YOUR QUALIFICATIONS. (Omit any which indicate race, color, religion, sex, national origin, age, citizenship, sexual orientation, ancestry, marital status, pregnancy, physical or mental disability, medical condition or status as a disabled veteran or a veteran of the Vietnam era or any other characteristic protected by applicable law).

Do you speak, read, or write in any language other than English?  
 YES  NO If "yes", please describe \_\_\_\_\_

**REFERENCES**

| NAME AND OCCUPATION | ADDRESS | PHONE NUMBER |
|---------------------|---------|--------------|
|                     |         |              |
|                     |         |              |
|                     |         |              |

**PLEASE READ CAREFULLY**

PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTIONS UNTIL AFTER YOU HAVE READ AND/OR DISCUSSED THE JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING.

Do you believe you would be able to perform the essential functions of the job for which you are applying? Answer Yes or No. YES  NO

Is there any accommodation that you believe can reasonably be made which would permit you to perform the essential functions of the job for which you are applying? Answer Yes or No. YES  NO

If "yes", please explain your answer.

\_\_\_\_\_

\_\_\_\_\_

**LEASE READ CAREFULLY. APPLICANT'S CERTIFICATION, AGREEMENT, AND NOTICE.**

I hereby certify that the facts set forth in the above Employment Application are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission of a material fact in my application or other information furnished in the selection process may result in denial of an offer or, if I am hired, my immediate dismissal at Casa Herrera's sole discretion.

I understand and agree that any offer of employment to me will be conditioned upon verification of employment history and by my taking and passing a job-related medical examination and drug screening. I agree to undergo such a medical examination and agree to sign consents for the release of medical information to Casa Herrera for its use in evaluating my qualifications for the position for which I am applying.

I understand that within my first three working days I must furnish identification and proof of legal status for employment in the United States. If I fail to do so, or fail to supply satisfactory documentation within the time frame allotted, it will result in rescission of an offer or my immediate dismissal from employment.

I understand and agree that neither this application nor the acceptance of employment constitutes a guarantee of employment and I further understand that I should not, and I agree that I will not, rely upon them as a guarantee or promise of continued employment. I understand and agree that employment with Casa Herrera is for no definite period and employment may be terminated at the will of myself or Casa Herrera for any reason at all, or for no reason, at any time, either with or without cause. I also understand that any handbooks, manuals, policies and procedures maintained by Casa Herrera may be modified, added to or subtracted from, as circumstances warrant at the sole discretion of Casa Herrera. I understand and agree, if employed, that I have a duty to be familiar with such rules, standards and policies as they now exist, or as they may be modified, added to or abolished in the future. I also understand that tenure of employment or the accrual of benefits which are gained or enhanced by tenure of employment do not and will not modify the at will employment relationship. I further understand, and agree that no one is authorized to promise or to enter into any agreement with me (whether written or oral) which alters the term of this paragraph without prior written approval of the Chief Executive Officer. I agree that this represents a final and fully binding integrated agreement with respect to the at will nature of the employment relationship.

YOU ARE HEREBY AUTHORIZED TO INVESTIGATE ANY INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT, TO EMPLOY ANY AGENT OF YOUR CHOICE TO UNDERTAKE ANY SUCH INVESTIGATIONS AND TO COMMUNICATE WITH ANY PERSON IN MAKING SUCH AN INVESTIGATION, INCLUDING BUT NOT LIMITED TO ANY OR ALL OF MY PREVIOUS EMPLOYERS, SCHOOLS, OR OTHER ENTITIES LISTED HEREIN. I AUTHORIZE THE EMPLOYERS, SCHOOLS AND ALL OTHER PERSONS AND ENTITIES NAMED IN THE APPLICATION TO RELEASE ANY INFORMATION TO CASA HERRERA, INC. RELEVANT TO THIS APPLICATION FOR EMPLOYMENT. I RELEASE CASA HERRERA, INC. AND ITS EMPLOYEES AND ALL OTHER EMPLOYERS, SCHOOLS, OTHER ENTITIES AND PERSONS WITH WHOM CASA HERRERA, INC. COMMUNICATES OR WHO PROVIDE INFORMATION TO CASA HERRERA, INC. FROM ANY LIABILITY WHATSOEVER WHICH MAY RESULT FROM SEEKING OR RELEASING SUCH INFORMATION, AND I AGREE TO HOLD THEM HARMLESS FROM LIABILITY WITH RESPECT TO SUCH COMMUNICATION AND THE USE, RELEASE OR DISCLOSURE OF ANY INFORMATION.

\_\_\_\_\_  
Applicant's Name (Please Print)

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

\_\_\_\_\_  
Today's Date

