

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE Today's Date:				
First Name	МІ	Last Name	Ger	nder Pronoun
Street Address	City		State	Zip Code
Phone	Alternate/ Phone		Email Addre	88
PLEASE PLACE A CHECK BY YOUR RES	PONSE OR PROVIDI	E THE APPROPR	IATE INFORMATIO	N
Are you interested in:		Full Time	Part Time	Temporary
What schedules would you prefer?	Weekdays	Weekends	Evenings	Nights
How did you hear about us?	Walk In	Referral	Advertise ment Where:	Other:
Have you worked for this company before?	No	Yes	Dates:	
Do you know anyone who works here?	No	_ Yes	Name:	
Desired Pay: Hourly Pay (Minimum, if applicable)	\$	Annual Pay	\$ Minimum	\$ Desired
When are you able to start work?	Date:		-	
Position desired:				
PLEASE CHECK YES OR NO TO THE FOLLO	WING:			
Are you authorized to work in the United State	tes?		Yes No	
Federal law requires that employers hire only incompliance with these laws, Voces Latinas will connection, all offers of employment are subject be necessary for you to submit such documents	verify the status of events to verification of the a	ery individual offere applicant's identity	ed employment with and employment au	the Company. In this thorization, and it will
Are you under 18 years of age?			Yes No	
If yes, can you furnish a work permit?			Yes No	

Voces Latinas is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, **Voces Latinas** complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. **Voces Latinas** also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

	Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?	Yes	No	
P	LEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT J	OB FIRST)		

	COMPANY NAME		YOUR POSITION and TITLE		
FROM /	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION		
Month Year					
	CITY	STATE	ZIP CODE	SUPERV	ISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS	3			
ТО	TELEPHONE NUMB	ER	TERMINATION		REASON
Month / Year	()		VOLUNTARY INVOLUNTAR	RY	
	BNELLI DESCRIBE	E YOUR <u>MAJOR DUTI</u> I	<u></u>		
	COMPANY NAME			YOUR PO	OSITION and TITLE
FROM Month Year	NO. & STREET			SUPERV	ISOR'S NAME, TITLE and POSITION
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	TYPE OF BUSINESS	5			
ТО	TELEPHONE NUMB	ER	TERMINATION		REASON
			VOLUNTARY		
Month / Year	()		INVOLUNTAR	RY	

	COMPANY NAME			YOUR PO	OSITION and	TITLE
FROM	NO. & STREET			SUPERV	ISOR'S NAM	E, TITLE and POSITION
Month / Year						
	CITY	STATE	ZIP CODE	SUPERV	ISOR'S TELE	PHONE NUMBER
	TYPE OF BUSINESS	3				
ТО	TELEPHONE NUMB	ER	TERMINATION		REASON	
Month / Year	()		VOLUNTARY INVOLUNTAR			
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	COMPANY NAME			YOUR PO	OSITION and	TITLE
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Month / Year						
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	TYPE OF BUSINESS	3	1			
ТО	TELEPHONE NUMB	ER	TERMINATION		REASON	
Month Year	()		VOLUNTARY INVOLUNTAR			
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	BRIEFET BEGGRÜBE	- 10010 <u>Mi/WOTO BOTT</u>	<u> </u>			
EDUCATION:						
NAME AND ADDRE	SS OF SCHOOL		AJOR BJECT		YOU DUATE?	TYPE OF DEGREE OR DIPLOMA

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NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			

COLLEGE OR GRADUATE						
OTHER						
PROFESSIONAL DESIG	NATIONS:					
DESIGNATION	ORGANIZATION GRANTIN	G DESIGNATION	DATE COMPLE	TED		
DESIGNATION	ORGANIZATION GRANTIN	ORGANIZATION GRANTING DESIGNATION D.		DATE COMPLETED		
TYPE OF LICENSE		SE	LICENSE NUM	BER		
TYPE OF LICENSE TYPE OF LICENSE		STATE GRANTING LICENSE STATE GRANTING LICENSE		LICENSE NUMBER		
REFERENCES: Please I	ist three professional refer	ences				
NAME	RELATIONSHIP	COMPANY	PHONE/A	LTERNATE PHONE		

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED:	DATE:	