

Corporate Office
 171 S. Hudson Ave.
 Pasadena, CA 91101



Telephone (626) 564-1100
 Fax (626) 564-1150

EMPLOYMENT APPLICATION

WE APPRECIATE YOUR INTEREST IN OUR ORGANIZATION AND WE ASSURE YOU WE ARE TRULY INTERESTED IN YOUR QUALIFICATIONS. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL HELP US EVALUATE YOUR JOB QUALIFICATIONS.

PERSONAL

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY NUMBER	DATE
CURRENT ADDRESS			CITY	STATE	ZIP CODE	TELEPHONE ()
ARE YOU AT LEAST 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF HIRED, CAN YOU PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			OTHER NAME(S) UNDER WHICH YOU HAVE WORKED PREVIOUSLY		
NAMES OF FRIENDS OR RELATIVES EMPLOYED BY LIBORIO MARKETS			HAVE YOU APPLIED FOR WORK HERE PREVIOUSLY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, GIVE DATE AND POSITION FOR WHICH YOU APPLIED	
HAVE YOU WORKED FOR OUR COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, GIVE DATE(S) OF EMPLOYMENT			ARE YOU WILLING TO WORK OVERTIME OR A FLEXIBLE SCHEDULE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE YOU ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF YES, PLEASE DESCRIBE			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, GIVE DATE(S), PLACE(S)		NOTE: A CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU FROM BEING CONSIDERED FOR EMPLOYMENT.		
PERSON TO NOTIFY IN CASE OF EMERGENCY						
NAME:		ADDRESS:			TELEPHONE ()	

INTEREST

POSITION FOR WHICH YOU ARE APPLYING:		SECOND CHOICE:	DATE YOU CAN BEGIN WORKING	ANTICIPATED SALARY
TYPE OF WORK YOU ARE SEEKING <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> SUMMER			SHIFTS YOU ARE AVAILABLE TO WORK <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> GRAVEYARD	
HOW DID YOU HEAR ABOUT OUR COMPANY? <input type="checkbox"/> AD <input type="checkbox"/> OTHER COMPANY <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF <input type="checkbox"/> OTHER			NAME OF SOURCE THAT REFERRED YOU	

EDUCATION / U.S. MILITARY SERVICE

SCHOOL OR INSTITUTION	NAME AND ADDRESS OF SCHOOL	AREA OF STUDY	UNITS COMPLETED	TITLES AND/OR DIPLOMAS
HIGH SCHOOL				
COLLEGE				
GRADUATE				
OTHER				

HONORS AND AWARDS RECEIVED	PROFESSIONAL CERTIFICATES OR LICENSES YOU POSSESS	ARE YOU CURRENTLY TAKING ANY EDUCATIONAL COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMUNITY AND PROFESSIONAL AFFILIATIONS TO WHICH YOU ARE CURRENTLY A MEMBER OF: OFFICE YOU HOLD

YOU CAN EXCLUDE THOSE AFFILIATIONS WHICH INDICATE RACE, COLOR, AGE, GENDER, HANDICAP, RELIGION OR NATIONAL ORIGIN

U.S. MILITARY SERVICE OR SPECIAL TRAINING THAT YOU CONSIDER IS PERTINENT TO THE POSITION YOU ARE APPLYING FOR:

REFERENCES

LIST ANY PEOPLE WHO WE CAN CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPACITY (DO NOT INCLUDE RELATIVES)	TELEPHONE	OCCUPATION	YEARS YOU HAVE KNOWN HIM / HER
NAME ADDRESS			

AN EMPLOYER THAT OFFERS EQUAL OPPORTUNITY EMPLOYMENT

JOB HISTORY

PROVIDE YOUR JOB BACKGROUND AS COMPLETE AS POSSIBLE, LISTING FIRST YOUR ACTUAL OR MOST RECENT EMPLOYER. INDICATE THE PERIODS YOU HAVE BEEN UNEMPLOYED OR HAVE BEEN WORKING INDEPENDENTLY, AND INDICATE THE DATES AND COMMENTARIES ON EACH PERIOD, INCLUDING SUMMER OR PART-TIME JOBS. YOU MAY USE EXTRA SHEETS

NAME OF COMPANY (ACTUAL OR LAST)		ADDRESS	TELEPHONE ()	DATES OF EMPLOYMENT (MONTH/YEAR) FROM: TO:
POSITION(S) HELD	NAME AND TITLE OF SUPERVISOR		TYPE OF BUSINESS	SALARY (HOURLY/ WEEKLY/ MONTHLY) TO START: AT END:
DESCRIPTION OF YOUR RESPONSIBILITIES:			WHY DID YOU LEAVE?	
			CAN WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF COMPANY		ADDRESS	TELEPHONE ()	DATES OF EMPLOYMENT (MONTH/YEAR) FROM: TO:
POSITION(S) HELD	NAME AND TITLE OF SUPERVISOR		TYPE OF BUSINESS	SALARY (HOURLY/ WEEKLY/ MONTHLY) TO START: AT END:
DESCRIPTION OF YOUR RESPONSIBILITIES:			WHY DID YOU LEAVE?	
			CAN WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF COMPANY		ADDRESS	TELEPHONE ()	DATES OF EMPLOYMENT (MONTH/YEAR) FROM: TO:
POSITION(S) HELD	NAME AND TITLE OF SUPERVISOR		TYPE OF BUSINESS	SALARY (HOURLY/ WEEKLY/ MONTHLY) TO START: AT END:
DESCRIPTION OF YOUR RESPONSIBILITIES:			WHY DID YOU LEAVE?	
			CAN WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ACKNOWLEDGMENT

1. I understand that prior to finalizing any employment offer with respect to certain employment positions, the company may put as a condition the satisfactory completion of a physical examination and/or laboratory tests to detect the presence of alcohol and/or drugs. I agree to sign the authorization forms so that medical information be released to the employer. I also agree to undergo a medical examination or laboratory tests to detect the presence of alcohol and/or drugs if the employer qualifies my job offer with satisfactory completion of the mentioned exams.

2. Acceptance of employment will be based on the truth of written and oral declarations that appear on this application and in the process of interviewing. I understand that if my employer finds any declarations I have made are not true, any job offer made to me will be withdrawn, if I am already working, I may be subject to immediate termination.

3. I authorize my employer to make any investigations permissible by law and that he deem necessary for hiring or promoting within the company.

4. I understand this job application or any job offer should not be considered a guarantee of employment for any specified period of time. I also understand my employment with the company does not constitute any form of implicit or expressed contract, and that the mentioned employment may be terminated for any reason either by me or by my employer by means of each giving notice to the other. This aspect of my employment cannot be changed or modified except by means of a specific stipulation in a written contract for the individual employee signed by myself and by my employer.

5. I understand and agree that at no time during or after my employment, will I use, publish or disseminate any form of confidential information or any other type of information of a secret nature, patented, or any information that generally is not to be revealed related to my employer, its products, clients, employees, plans or procedures. I agree to surrender to my employer any and all copies of confidential information or any other property of the company, at the moment that the relationship as employee terminates or at any moment that the employer asks for it. I also agree to not invite the employees of my employer either during or after my employment to leave that employer and begin working for another company.

6. I acknowledge that I have read all previous statements and understand them. Also, the previous statements nullify and replace any former understanding or any former discussions I have had with my employer and expresses the complete agreement between my employer and I in reference to these matters.

Signature: _____ Date: _____