

Cabrera Companies Employment Application

For your application to be properly evaluated, you must answer each of the following questions as carefully and as completely as possible. Please use ink (or type). The Cabrera Companies are an equal opportunity employer and considers all applicants for employment without regard to race, color, religion, creed, marital status, sex, sexual preference, national origin, ancestry, age, physical or mental handicap or disability, citizenship, veteran status, genetic information, atypical hereditary or cellular blood trait, or other trait classification in violation of federal or state law regarding discrimination in employment. All job applicants and employees will be provided equal employment opportunity in all terms and conditions of employment, recruitment, selection, placement, training, layoff and termination decisions. Please add any additional information which will help us evaluate your qualifications.

THIS APPLICATION WILL BE CONSIDERED ONLY FOR THE POSITION APPLIED FOR. DATE OF APPLICATION _____

PERSONAL INFORMATION	FULL NAME (FIRST) (MIDDLE) (LAST)		PERSONAL INFORMATION		TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME IF PART TIME SPECIFY DAYS & HOURS AVAILABLE			
	NAME YOU PREFER TO BE CALLED				ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	ADDRESS (P.O. BOX OR STREET AND APARTMENT NUMBER)				SALARY EXPECTED		DATE AVAILABLE TO WORK	
	CITY	STATE			ZIP CODE		HOW DID YOU LEARN OF CABRERA'S COMPANIE(S)?	
	SOCIAL SECURITY NUMBER	ARE YOU UNDER THE AGE OF 18 <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU PREVIOUSLY APPLIED TO A CABRERA COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	AREA CODE & TELEPHONE NUMBER ()	ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	ALTERNATE TELEPHONE NUMBER ()	ARE YOU WILLING TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (PROOF WILL BE REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO				HAVE YOU EVER BEEN EMPLOYED BY A CABRERA COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS YES, STATE THE LOCATION AND EMPLOYMENT DATES BELOW			
POSITIONS APPLIED FOR:								
EDUCATION/SKILLS INFORMATION	NAME AND LOCATION OF HIGH SCHOOL. IF YOU DID NOT GRADUATE, INDICATE TOTAL YEARS OF SCHOOLING COMPLETED				DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	NAME & LOCATION OF COLLEGE TRADE OR BUSINESS SCHOOL	MAJOR AND NUMBER OF HOURS COMPLETED	DID YOU GRADUATE? (YES/NO)	WHAT DEGREE DID YOU COMPLETE? (B.C., B.A., M.S., ETC)	IF NO DEGREE TOTAL NO. OF HOURS COMPLETED			
	OTHER TRAINING (YOU MAY INCLUDE JOB RELATED TRAINING IN UNITED STATES MILITARY)							
	SCHOLASTIC HONORS							
	PROFESSIONAL LICENSES OR CERTIFICATES							
	FOREIGN LANGUAGES		LIST THOSE YOU SPEAK (are you fluent?)					
			LIST THOSE YOU READ (are you fluent?)					
		LIST THOSE YOU WRITE (are you fluent?)						
TYPING		MACHINE, EQUIPMENT, OPERATED AND/OR COMPUTER SKILLS						

List in order each employer beginning with your most recent employer and most recent position with that employer. For each employer, list each position you have held including your initial position and the information requested for each position. Account for any gaps in your employment. If you would like to attach a resume or additional sheets of paper ("attachments") in response or to supplement this or any other section of your application, you may do so provided it is with the understanding that all representation and releases at the end of this application apply to the attachments or other submissions.

	COMPANY NAME		ADDRESS		CITY	STATE	ZIP CODE	
	POSITION(S) HELD	FROM	DATES	TO	ENDING WAGE/SALARY	BRIEFLY DESCRIBE JOB DUTIES		
REASON FOR LEAVING					LAST SUPERVISORS NAME AND PHONE NUMBER			
INFORMATION	COMPANY NAME		ADDRESS		CITY	STATE	ZIP CODE	
	POSITION(S) HELD	FROM	DATES	TO	ENDING WAGE/SALARY	BRIEFLY DESCRIBE JOB DUTIES		
REASON FOR LEAVING			LAST SUPERVISORS NAME AND PHONE NUMBER					
EMPLOYMENT	COMPANY NAME				ADDRESS	CITY	STATE	ZIP CODE
	POSITION(S) HELD	FROM	DATES	TO	ENDING WAGE/SALARY	BRIEFLY DESCRIBE JOB DUTIES		
REASON FOR LEAVING					LAST SUPERVISORS NAME AND PHONE NUMBER			
	COMPANY NAME		ADDRESS		CITY	STATE	ZIP CODE	
	POSITION(S) HELD	FROM	DATES	TO	ENDING WAGE/SALARY	BRIEFLY DESCRIBE JOB DUTIES		
REASON FOR LEAVING					LAST SUPERVISORS NAME AND PHONE NUMBER			

MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES NO.

LIST THE DUTIES IN THE SERVICE, INCLUDING SPECIAL TRAINING WHICH IS RELEVANT TO THE POSITION FOR WHICH YOU HAVE APPLIED.

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST FIVE YEARS? YES NO.
IF YES, STATE THE NATURE OF EACH OFFENSE, DATE(S), LOCATIONS AND DISPOSITIONS.

REFERENCES	NAME	ADDRESS	PHONE

THIS APPLICATION SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF SIX(6) MONTHS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

***PLEASE READ THE STATEMENTS BELOW CAREFULLY AND COMPLETELY. UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED BY THE COMPANY. YOUR SIGNATURE INDICATED THAT YOU UNDERSTAND AND AGREE WITH THE FOLLOWING STATEMENTS:**

I give Cabrera Companies the right to make a thorough investigation of any of the information I have provided and to perform reference checks. These investigations may involve contact with my family, current and former employers, business associates, employees and neighbors as well as others with whom I am acquainted and public authorities. My signature below authorizes Cabrera to obtain complete information concerning my employment, academic transcripts, service records or other information provided by me. The information requested may include inquires regarding my work habits, other related activities, abilities, character, the cause of my separation(s) of employment and inquires concerning any conviction(s) or felonious act(s).

I release each of the above references, any individuals or entities and Cabrera from any liability for damages which might result from the furnishing, requesting, verifying, checking, obtaining or using any of the foregoing information, attachments or other submissions. I understand that I must execute this application and any other requested releases related to above information in order to be considered for employment.

I understand that the pre-employment process may require me to sign documents concerning conflicts of interest, confidentiality of information, non-competition or other agreements which restrict use or disclosure of information or post termination employment. I may also be required to sign such documents after I am employed by the company.

Any offer of employment will be contingent upon my successful passing of a drug screen provided at the expense of Cabrera at a laboratory designated by Cabrera. I also understand and agree that any offer of employment that I may receive from Cabrera, is contingent upon completion of the company's post job offer screening process, including but not limited to any post offer physical examination required by the company. If employed, I understand and agree to submit to an alcohol or drug screening when: (1) reasonable suspicion of use or abuse arises; (2) if I am employed in a safety sensitive position, or; (3) when testing is required by LAW (e.g., the periodic testing of drivers with commercial driver's license).

I understand that I may be required that I may be required to furnish proof of date of birth, a Social Security number, citizenship or immigration status and academic transcripts.

I certify that my interest in employment in the position applied for is genuine and that all statements contained in this application (including attachments, and any statements made during interview(s) are true to the best of my knowledge. If Cabrera discovers that statements have been omitted or are false or misleading in this application, attachments, and interview(s), I understand that I may receive no further consideration for employment or, if employed, it is grounds for dismissal.

I understand and agree that in consideration of my employment, and in the even I am hired, I will comply with policies, rules, regulations and procedures of Cabrera and I understand that my employment with Cabrera is "at will" which means the employment relationship can be terminated by Cabrera or myself at any time, for any reason, with or without cause, and with or without prior notice. I further understand that no manager or representative of Cabrera, other than the President, has the authority to enter into any agreement, written or oral, for employment for any specified period of time or to make any agreement contrary to this statement. I further understand that the only way the at-will employment relationship can be changed is through a written agreement signed by me and the company President which specifically names me in it, states that I am not an at-will employee and sets forth the duration and terms of my employment. I also understand that the policies and procedures of Cabrera which are not limited to those stated in its employee manual, are not binding, do not constitute a contract of employment or promise of job security. In other words, the benefits provided by Cabrera may be revoked, withdrawn or changed by it at any time and are not intended to affect in any way either my right or the right of Cabrera to terminate my employment at any time for any reason without notice.

Signature _____ Date _____

**AUTHORIZATION TO PROVIDE REFERENCE
& RELEASE FROM LIABILITY**

I hereby authorize and request:

The Cabrera Companies
6201 New Jersey Ave
Wildwood Crest, NJ 08260
Office: 609-729-8840
Fax: 609-729-8844

To contact to any/all references and my pervious employers in my employment application, resume, and all alike to furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance abilities and other qualities pertinent to my qualifications for employment, as well as all other information described within this release.

I hereby release the organization or individual listed above, their agents, representatives, officers and employees from any and all liability for damages arising from furnishing any requested information to Cabrera Companies.

I give Cabrera the right to make a thorough investigation of any of the information I have provided in connection with my application for employment by Cabrera to perform reference checks. Accordingly, I authorize the organization or individual listed above, their agents, representatives, officers and employees, to provide information in connection with any investigation performed by Cabrera or its representatives. These investigations and reference checks may involve contact with my family, current and former employer, business associates, employees and neighbors as well as others with whom I am acquainted and public authorities. My signature authorizes Cabrera to obtain complete information concerning my employment, academic transcripts, service records or other information provided by me or requested during the application or interview process. The information requested may include inquiries regarding my work habits, other relevant activities, abilities, character, the cause of my separation(s) of employment and inquiries concerning any conviction(s) or felonious act(s).

I release the above reference, any individuals responding on behalf of the above reference and Cabrera from any liability for damages which might result from the furnishing, requesting verifying, checking, obtaining or using any of the information, attachments or other submissions made by me in connection with my application for employment by Cabrera. I understand that I must execute this application and any other requested releases related to above information in order to be considered for employment.

Cabrera may also, upon my completion of the appropriate forms, check my credit history and perform a criminal background check.

_____ Initial here

A copy of this release shall act as an original.

Signature

Name of Applicant (Print)

Date