



EMPLOYMENT APPLICATION

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Employment Application* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, marital or familial status, pregnancy, military status, veteran status, predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other protected class or status. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should notify an organization representative.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number ()		
	E-mail Address		Cell Phone Number ()		
	Street Address				
	City		State	Zip Code	
	Position Applied For		Salary or Hourly Wage Desired \$		
	Are you Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (check all that apply) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights		Date Available to Begin Work		
	Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer to obtain employment information?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever submitted an application and/or interviewed for employment with our organization? If yes, give month and year ____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been employed with our organization before? If yes, give dates. From ____/____/____ to ____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School		# of Years Completed	Did you Graduate?	Diploma or Degree Obtained	GPA
	High School				() Yes () No		
	College				() Yes () No		
	Dates Attended	From	To				
	Other				() Yes () No		

SKILLS	List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:	List any certificates, licenses, or professional achievements that would support your qualifications for employment:
	Drivers' License Identification Number: _____ State of Issuance: _____ (Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)	

EMPLOYMENT HISTORY Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than four jobs, provide this information on another sheet and attach to this Application Form.

Present or Last Employer

If current employer, may we contact? Yes No

Name of Employer

Phone Number

Address

City / State / Zip

Employment Dates (Month/Year)

Current or Ending Pay Rate

Title of Position

Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

Next Previous Employer

Name of Employer

Phone Number

Address

City / State / Zip

Employment Dates (Month/Year)

Ending Pay Rate

Title of Position

Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

Next Previous Employer

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Employment Dates (Month/Year)

Ending Pay Rate

Title of Position

Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

Next Previous Employer

Name of Employer

Phone Number

Address

City / State / Zip

Employment Dates (Month/Year)

Ending Pay Rate

Title of Position

Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

REFERENCES (List three references other than relatives)

Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known

CONVICTION RECORD STATUS

All applicants and employees must, as a condition of employment, inform the organization of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed.

Have you been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years? Yes No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information below, such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime as it relates to the job applied for, and rehabilitation will be considered. The organization reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this Employment Application is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or, termination of employment, if already hired.

I authorize verification of all of the information I have provided on this Employment Application and understand that additional information may be needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

The organization is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of employment, I understand that a drug test will be required before starting work. If the results of the test are positive, I understand that the offer of employment will be withdrawn.

I understand that if employed, I am required to abide by all policies, procedures, rules, and regulations of the organization. I also understand and agree that, if hired, my employment is "at-will" and is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the organization at any time with or without cause or notice.

Date _____ Signature of Applicant _____



CASA IMPORTS SUPPLEMENTAL APPLICANT INFORMATION

Please review the list of physical and mental requirements for Warehouse staff and driver positions. Are you able to perform these essential job duties with or without a reasonable accommodation?

_____ Yes

_____ No

Applicant Signature:	Date:
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MENTAL AND VISUAL DEMAND

High mental and visual attention required for reading product labels and product pick sheets, bills of lading for incoming shipments and operating product moving equipment.

EQUIPMENT AND MACHINERY OPERATED

Handcart, pallet jack, wrapping machine.

PHYSICAL DEMANDS

The physical demands described here are representative of those that typically are required by employees performing the essential functions of this position.

PHYSICAL ACTIVITY	Ave. Number of Hours Per Day				EXAMPLES OF PHYSICAL ACTIVITIES PERFORMED
	0-1 hours	1-3 hours	4-5 hours	6-8 hours	
Stand, and/or walk				X	Throughout the warehouse and to different product locations.
Use hands to finger, grasp, handle or feel				X	To stock shelves and or pick products according to order sheets.
Push with arms and upper extremities			X		To move products out of the way to select required products or make room on a shelf for product storage.
Pull with arms and upper extremities			X		To move products out of the way to select required products or make room on a shelf for product storage.
Reach with arms and/or hands		X			To select and to store products in designated warehouse location.
Stoop, kneel, crouch, or bend		X			To reach products for storage or selection.
Talk and/or hear				X	To interact with staff & customers
Repetitive motion of hands and/or wrists			X		For loading and unloading items on the trucks and at customer locations
Lifting food products 1-50 pounds				X	For loading and unloading products and picking products for delivery
Lifting food products 51-100 pounds			X		For loading and unloading products and picking products for delivery



**Casa Imports
A Division of RLE Corp.
Verification Release**

I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution, whose name I have given as a reference, or by whom I have been previously employed, to furnish Casa Imports (Company) any information they may have concerning my character, habits, ability, financial responsibility, job performance, reasons for leaving employment and all information concerning my employment or training to give such information to other companies and carriers requesting such information. Furthermore, there may be entities that the Company does business with may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the Customer, permission to be on the Customer's premises and to handle its products and other security concerns of the Customer. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me for reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish Casa Imports information concerning Motor Vehicle Records, or any felony or misdemeanor for which I have been convicted.

Under the authority granted me by CFR Parts 40 and 382, I hereby authorize and require my previous and/or current employers by whom I was employed or to whom I applied for employment in the three year period preceding the date of the application to release the date, type of test and result of all drug and alcohol tests taken by me, including the date and type of test for any or any refusal by me to take a drug or alcohol test, to the Director of Drive Personnel, or Employment Placement Specialist assigned to process my application at Casa Imports. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.04 or greater, or refused to take any drug or alcohol test, I also authorize the release of all information concerning my referral to a Substance Abuse Professions (SAP) including all records pertaining to my evaluation and treatment (if required by SAP). I authorize this release by whatever means is most expedient and agree to hold harmless any past employer or any person or company I applied with as well as their employees, agents, or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

Applicant Rights (pursuant to 49CFR Part 391.23(i) effective October 29, 2004) I understand that I have the right to review information provided by my previous employers, to have errors corrected by the previous employers and resent to Casa Imports once corrected, and to have rebuttal statement attached to any alleged erroneous information should my previous employer and I not agree on the accuracy of the information. I further understand that the information provided by me will be used in making employment determinations and that my previous employers will be contacted for the purpose of investigating my safety performance history information as required by paragraph (d) and (e) of 49CFR part 391.23. Request to review previous employer information must be in writing. A release form for employment records can be requested by calling (315) 724-4189 or mail to Driver Personnel-Information Request: P.O. Box 4429 Utica, NY 13504.

Name

Social Security Number

Signature

Date

Please Return Fax ASAP to (315) 735-1190

CONFIDENTIAL



PLEASE TYPE OR PRINT

LAST NAME

FIRST NAME

MIDDLE NAME

(PLEASE INCLUDE Jr., Sr., II, III Etc.)

I understand that in conjunction with my application for employment, Casa Imports, Inc. may use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to Casa Imports, Inc. Casa Imports, Inc. will use Advanced Drug & Alcohol Testing as an agent to perform its employment related background investigations.

Advanced Drug & Alcohol Testing may utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, worker's compensation records including any and all injuries in compliance with the Federal ADA Act, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, educational records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to, Advanced Drug & Alcohol Testing and Casa Imports, Inc.

I request, authorize and consent to the procurement of an Investigative Consumer Report and/or Consumer Credit Report and understand that they may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by, Casa Imports, Inc. if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Casa Imports, Inc.

Law enforcement agencies and other entities require the following information when checking public records. It is confidential and will not be used for any other purposes. I hereby release Casa Imports, Inc. and Advanced Drug & Alcohol Testing, its agents and all persons, agencies and entities providing information or reports about me from any liability arising out of the request for or release of any of the above-mentioned information or reports.

Signed

Today's Date

Printed Name

Position Applied For

Social Security Number

Date of Birth

Driver's License #

State

Other names you have used or are also known as:

List all addresses where you have lived for the past 10 years starting with current address. Use reverse side of this page if necessary.

Table with 7 columns: Street Address, City, State, Zip, County, From, To. Multiple empty rows for data entry.

