

APPLICATION FOR EMPLOYMENT

At

SOL AGAVE MV.

Name of Job Applicant

Date

NOTICES TO JOB APPLICANT

EQUAL OPPORTUNITY. It is the policy of the Company to make all employment decisions without regard or consideration for any individual's race; religious creed; color; ancestry; physical disability (including HIV and AIDS); mental disability; medical condition (meaning cancer or genetically-related disease or disorder); marital status; sex (gender); sexual orientation; gender identity; age (meaning over 40); or pregnancy, childbirth, related medical conditions, or any other factor protected from discrimination by federal, state or local laws. Except if there is a bona fide occupational qualification or a business necessity that is reasonably necessary to secure the safe and efficient operation of the business, equal employment opportunity will be extended to all persons in all aspects of the employer-employee relationship, including recruitment, hiring, upgrading, training, promotion, transfer, discipline, layoff, recall, and termination. The Company does not tolerate any illegal discrimination or harassment, whether verbal, physical or visual. If you believe that you have been treated unfairly or harassed in anyway during this employment application process, please call the **Manager** immediately. The Company prohibits retaliation by anyone against those who make a report of suspected unfair treatment or harassment. If you need a reasonable accommodation in order to complete this application or in any step of the interview process, please inform the **Manager**.

AT-WILL EMPLOYMENT. Employment at the Company is at the will of the Company and the employee. An employee can quit at any time for any reason, with or without notice. The Company can dismiss an employee at any time for any reason, with or without notice. Only the Owner of the Company can enter into employment contracts on behalf of the Company that modify this "at-will" relationship. Any employment contract must be in writing.

PHYSICAL EXAMS & DRUG TESTING. All job offers are conditional upon passing, to the satisfaction of the Company, one or more the following post-offer, pre-employment tests: Physical Exam Drug Test

DRIVER'S LICENSE AND DMV PRINT OUTS. If the job being applied for requires the driving of a vehicle on public roads, then all job offers are conditional upon the applicant showing a valid California driver's license and providing a DMV printout showing authorization to drive and the ability to be insured by the Company's insurance at standard rates.

CREDIT CHECK. If you are applying for the position of management or accounting, then the Company requires a credit check and/or back ground investigation to confirm and help insure that the applicant, if hired, is and will likely remain free from circumstances that might adversely affect the employee's good judgment and honesty. A separate authorization for the credit check and/or back ground investigation will be presented to the job applicant and any job offer is conditional upon there being nothing of concern in the credit check and/or back ground investigation.

RIGHT TO WORK IN U.S. All job offers are conditional upon the job applicant providing proper proof of his or her right to work in the United States, and, if applicable, right to work as a minor.

HANDBOOK. All employees are subject to the policies contained in the employee handbook. All job applicants may review a copy of the handbook if they ask to do so. The handbook is property of the Company and applicants may not take the handbook off Company premises.

MISREPRESENTATIONS. The Company is relying on the information that you provide on this Application, in the documents you provide to the Company, and during any interview(s). You must complete the application fully to be considered for a job. If you knowingly make any misrepresentation or omission, your application and any job offers may be withdrawn; and, if the falsehood is not discovered until after you are employed, then your employment may be terminated for lack of honesty at any time after your employment begins.

STALE APPLICATIONS. This Application is only current for 60 days. If you are not hired within 60 days, a new application will have to be completed in order to be considered for employment after 60 days.

Turn the Next Page

Sol Agave MV
 TEL: (949) 446 8058

(Please Print)

Date of Application: _____

First Name		Middle Name		Last Name	
Street Address			City		State Zip
Mailing Address (if different from above)			City		State Zip
Other name(s) under which you have been previously employed: _____					
Home Phone:		Cell Phone:		Work Phone:	
If necessary, the best time to call you is _____ : _____ am/pm					
Are you currently employed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
May we contact you at work? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, work number and best time to call: (_____) _____ : _____ am/pm					
Position desired or area of interest: _____ Second Choice: _____					
Are you able to perform the essential functions of the job for which you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No					
I am able to perform the essential functions of the job: <input type="checkbox"/> With reasonable accommodation <input type="checkbox"/> Without reasonable accommodations Or check <input type="checkbox"/> If need more information about the job's essential functions to respond.					
If necessary for the position, I am able to work overtime: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If hired, can you provide proof of identity and legal authorization to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Naturalized U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Country of Birth: _____					
Green Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Country of Birth: _____					
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, can you provide proof of your legal authorization to work as a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever received a Dishonorable Discharge from the armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you are applying for a position that requires you to drive a vehicle on public roads, has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If your answer is yes, list all offenses on the back of the application giving date, location, nature, and disposition for each. You do not need to list offenses that are sealed or expunged. A suspension or revocation will not necessarily disqualify you from a job.</i> Driver's license number (if position applied for requires driving): _____ State: _____ Expiration Date: _____					
Have you ever worked with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates? _____					
Date first available for work:			Pay Expected:		
How were you referred to us? <input type="checkbox"/> Ad <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Referred by: _____					

Turn the Next Page

Employment Experience – List your present or last job and go backwards. If you need additional space, please continue on a separate sheet of paper. You may attach a resume, but the following still needs to be completed.

Employer Name:			
Address:		City:	State: Zip:
Telephone Number:			
Dates Employed	Starting (Month/Year):		Ending (Month/Year):
Job Title:		Supervisor's Name and Title:	
Type of Business:			
Description of Job Duties:			
Describe any specialized training, apprenticeship, or skills you received at this job:			
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name:			
Address:		City:	State: Zip:
Telephone Number:			
Dates Employed	Starting (Month/Year):		Ending (Month/Year):
Job Title:		Supervisor's Name and Title:	
Type of Business:			
Description of Job Duties:			
Describe any specialized training, apprenticeship, or skills you received at this job:			
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name:			
Address:		City:	State: Zip:
Telephone Number:			
Dates Employed	Starting (Month/Year):		Ending (Month/Year):
Job Title:		Supervisor's Name and Title:	
Type of Business:			
Description of Job Duties:			
Describe any specialized training, apprenticeship, or skills you received at this job:			
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Turn the Next Page

Explanation of Gaps in Employment – Please explain why you were not employed if there are gaps in your employment history. (If you need additional space, please continue on a separate sheet of paper)

Explanations of Terminations – If you ever had your employment terminated or if you ever quit in lieu of being terminated, please explain. (If you need additional space, please continue on a separate sheet of paper)

Prior Addresses – Please list your prior places of residence for the past 5 years. (If you need additional space, please continue on a separate sheet of paper)

1. _____	City: _____	State: _____
2. _____	City: _____	State: _____
3. _____	City: _____	State: _____

Education – List your education, starting with the last school you attended.

Name of School:	Last Grade Completed:
Type of School: <input type="checkbox"/> Elementary <input type="checkbox"/> Jr High <input type="checkbox"/> High School <input type="checkbox"/> Trade <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate	
Location of School:	State:
Diploma / Degree Earned: <input type="checkbox"/> General <input type="checkbox"/> GED <input type="checkbox"/> Other (describe):	
Describe Course of Study:	
*Describe any specialized training, skill building, or apprenticeship activities you engaged in:	
*Describe any honors you have received:	
Professional Certificates or Licenses held:	
Are you taking any educational course presently? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, What and Where? _____	

Name of School:	Last Grade Completed:
Type of School: <input type="checkbox"/> Elementary <input type="checkbox"/> Jr High <input type="checkbox"/> High School <input type="checkbox"/> Trade <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate	
Location of School:	State:
Diploma / Degree Earned: <input type="checkbox"/> General <input type="checkbox"/> GED <input type="checkbox"/> Other (describe):	
Describe Course of Study:	
*Describe any specialized training, skill building, or apprenticeship activities you engaged in:	
*Describe any honors you have received:	
Professional Certificates or Licenses held:	
Are you taking any educational course presently? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, What and Where? _____	

Turn the Next Page

**You do not have to include any information that may indicate your race, color, gender, national origin, disability, or other legally protected status.*

Language Skills – This is optional. If you desire to let us know of your ability to interact with non-English speakers, please indicate any languages, other than English, that you can speak, read, and/or write.

LIST LANGUAGE	FLUENT	GOOD	FAIR
	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

Special Skills and Qualifications – Provide any additional information, such as special skills and qualifications not already mentioned, that you feel may be helpful in considering your application.

Schedule Availability

- Full Time – I am available and desire to work full-time (40 hours).
- Part Time – I am available and desire to work part-time (less than 35 hours).

List work schedule restrictions below (NOTE: Work schedules are subject to change, and overtime may be required. No one is hired for any guaranteed number of hours or work times.):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I am NOT Available:	<input type="checkbox"/> All Day From: To:	<input type="checkbox"/> All Day From: To:	<input type="checkbox"/> All Day From: To:	<input type="checkbox"/> All Day From: To:	<input type="checkbox"/> All Day From: To:	<input type="checkbox"/> All Day From: To:	<input type="checkbox"/> All Day From: To:
Comments:							

Relatives and Friends - List the names of all of your relatives and friends currently working for us. No one will be discriminated against solely for having relatives or friends working for us. However, we have a policy prohibiting an employee from supervising or being supervised by a relative or romantic partner. In addition, supervisors cannot date or be involved in romantic relationships with subordinates. If the job you are applying for would violate one of our policies, it could disqualify you from being hired.

Job Limitations – If a job description is attached, please list any essential functions of the job that you cannot perform, or that you cannot perform without direct threat of injury to yourself or others. Also provide suggestions of any accommodations that may allow you to perform those essential functions.

<input type="checkbox"/> Job Description is attached	<input type="checkbox"/> Job description is NOT attached	<input type="checkbox"/> Job description is full explain by the Manager
--	--	---

Do you have some injured in your previous job – If you have had a previous accident at your previous job please describe it

<input type="checkbox"/> Yes please describe	<input type="checkbox"/> No
--	-----------------------------

Have you been or are you currently involved in any report of occupational injury or illness (worker compensation process)

<input type="checkbox"/> Yes please describe	<input type="checkbox"/> No
--	-----------------------------

Information about Disability

Physical disability includes but is not limited to having any physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss that affects one or more of several body systems and limits a major life activity. The body systems listed include the neurological, immunological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine systems. A physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss limits a major life activity, such as working, if it makes the achievement of the major life activity difficult. Mental disability includes but is not limited to having any mental or psychological disorder or condition, such as intellectual or cognitive disability, organic brain syndrome, emotional or mental illness, or specific learning disabilities, that limits a major life activity, or having any other mental or psychological disorder or condition that requires special education or related services. Major life activities are defined broadly and include physical, mental, and social activities, including but not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. Major life activities include the operation of major bodily functions, including functions of the immune system, special sense organs and skin, normal cell growth, digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. Major bodily functions include the operation of an individual organ within a body system. An impairment "limits" a major life activity if it makes the achievement of the major life activity difficult. Medical condition is defined as any health impairment related to or associated with a diagnosis of cancer or a record or history of cancer, or a genetic characteristic. Genetic characteristic is defined as any scientifically or medically identifiable gene or chromosome or an inherited characteristic that could statistically lead to increased development of a disease or disorder. California Code of Regulations, Title 2, section 11065.

DISABILITY

A person with a disability is an individual who:

- has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working;
- has a record or history of such impairment or medical condition; or
- is regarded as having such an impairment or medical condition.

Please refer to the instructions for more information regarding how disability is defined under the law.

<input type="checkbox"/> Yes, I have a disability please describe	<input type="checkbox"/> No, I do not have a disability
---	--

References – Please provide three references that can provide information about your work skills and work habits.

Name:	Phone Numbers
Address:	Work:
Place of Employment:	Home:
Occupation:	Years Known:
Current or Past Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify):	

Name:	Phone Numbers
Address:	Work:
Place of Employment:	Home:
Occupation:	Years Known:
Current or Past Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify):	

Name:	Phone Numbers
Address:	Work:
Place of Employment:	Home:
Occupation:	Years Known:
Current or Past Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify):	

APPLICANT’S SIGNATURE

I hereby state that the information provided by me in this application is true and accurate. I also state that I am fully qualified and able to perform the job being applied for, except as I have written above. I also state that I have read and understand the Company policies contained in this application.

Sign: _____

Date: _____

Separate Authorization for Release of Information and Waiver of Potential Claims

To Whom It May Concern:

I am applying for a job at **SOL AGAVE MV.** located at
27741 CROWN VALLEY PKWY STE 329 MISSION VIEJO CA 92691 and whose phone
Number is **949-446-8058** (hereinafter, "Company").

I hereby authorize the Company to contact the references, past employers, schools, and training institutions listed in the Employment Application (and my résumé) or any other person or entity that may have information about my (1) prior employment, or (2) educational experiences, or (3) statements contained in this Application.

I hereby authorize any references, past employers, schools, and training institutions listed in my Employment Application (and my résumé) to release to the Company all information about my (1) prior employment, or (2) educational experiences, or (3) statements contained in the Employment Application (and my résumé). I hereby waive any potential claim that I may have against any references, past employers, schools, and training institutions listed in my Employment Application (and my resume), and their employees, officers, and directors, for providing information about me to the Company.

I hereby agree to waive any claim that I may have against the Company and to defend and hold the Company harmless from any and all claims that may arise from the Company contacting any person or entity described in this release.

A copy or facsimile of this Authorization may be treated and relied upon as if it were an original.

Applicant's Signature

Date