

Employment Application Mexican Restaurant 2004 Employment Application

Name	~		Date		
Last	first	middle			
Present Address	Street	city		state	zip
Permanent Address					
Dhana # (Street	city	o of Dinth	state	zip
	Social Security # es or social security numbers oth				
	•				
in case of an emergency	notifyName	address		one	relationship
Have you ever been emp	ployed by this company before?	Where?	V	Vhen?	
_	this company before?				
	l Full-time or part				
List any DAYS you are N	OT available to work		□	LUNCH [DINNER
What data are you availah	ole to start working?	Charle	the modition vo		form
Are you authorized to wo	ork in the U.S. on an unrestricted	d basis?			
Are you authorized to we fin the last seven years have the first seven years have the first seven your honest		d basis?on probation for offenses invo	olving the sale	of drugs or in	
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Are you authorized to we find the last seven years the reflecting on your honest Education School Level High School College Trade/Corresp. School Additional Are you fluent in other last	ork in the U.S. on an unrestricted ave you been convicted of or try, integrity or propensity for vio	on probation for offenses involence? If so, explain: School If so, please list	Major	Standard Sta	any manr atus Did you Graduate

Experience (list below your last Most Recent Employer		Name of Employer			Name of Employer				
Street Address		Street Address			Street Address				
City, State, Zip Code			City, State, Zip Code			City, State, Zip Code			
Telephone Number		Telephone Number			Telephone Number				
Supervisor's Name May We Contact?		Supervisor's Name May We Contact?		tact?	Supervisor's Name May We Contact?		ntact?		
Dates Employed	es Employed Salary/Pay Rate		Dates Employed Salary/Pay Rat		ate Da	Dates Employed	Salary/Pay Rate		
Start End	Start	End	Start End	Start	End	Start End	Start	End	
Position/Duties Reasons for Leaving		Hrs/Week	Position/Duties Reasons for Leaving		FIIS / WEEK	Position/Duties Reasons for Leaving		Hrs / Week	
Reference	S (include c	only indivi	duals familiar wi	th your work	ability - c	do not include r	elatives)		
Name		Phone Name of Busines		ss/Address Years Know		lationship			

Authorization

I certify that the answers given herein are true and complete to my knowledge. I authorize the company and/or its agents, including consumer reporting bureaus, to investigate all statements contained in this application, as may be necessary in arriving at an employment decision (including, but not limited to, criminal history and motor vehicle driving records). I release the company and/or its agents from any liability which might arise from such an investigation.

I understand that this application is not a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in termination. I also understand that the use of illegal drugs or alcohol on the job is prohibited during employment. In the event that I am employed, I agree to abide by all policies and procedures of this company.

Signature of Applicant	Date

This information must be kept on file for one year. This application will remain in our active files for 30 days.