

# Las Chabelas Restaurant - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**\*\* PLEASE PRINT CLEARLY \*\***

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How did you find out about this job?  Newspaper  Employee  Walk-in  Relative  Other \_\_\_\_\_

Why are you seeking a new job at this time? \_\_\_\_\_

## Applicant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ e-mail address. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_ (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime?  Yes  No If yes, state the nature of the offense and disposition of the case. Include dates and places.  
(NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

\_\_\_\_\_  
\_\_\_\_\_

## Employment Information

Are you seeking full time, part time or temporary employment? \_\_\_\_\_

List times you are not available to work? \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_ Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If hired, when would you be able to start? \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

## Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D

Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_

If in high school, are you enrolled in a recognized co-op program?  Yes  No

If yes, identify program and school: \_\_\_\_\_

College: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

Degree & Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Special Skills or Achievements:


## Work History (please begin with most recent)

1. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_
2. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_
3. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_
4. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_

## Authorizations & Employment Agreement

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter.

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. I have read, understand, and agree to the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_