

Employment Application – 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. Reasonable accommodations are available to qualified disabled individuals upon request. – All portions of this application pertaining to you must be completed.

Position(s) Applied for: Cashier Cook Maintenance Dishwasher Tortilla Production Bakery

erv Date: _____

APPLICANT INFORMATION (Please clearly print your Full Name)

	Last		First		МІ	
Address:						
	Street		City	State	Zip Code	
Phone: ()	E-Mail:				
Why are yo	ou seeking a ne	w job at this time?				
How did yo	ou hear about u	s? Please specify.				
U Website	e		_ 🗌 Newspap	er		
School			_ I am former employee			
Referre	d by		Other			
If hired, do	you have relia	ble means of transporta	tion to get to work?	🗆 Yes 🗆 No		
Are you of	legal age to ser	ve alcohol in this State?	🗆 Yes 🗆 No			
If you are u	inder 18 years	of age, can you furnish a	work permit? 🗌 Yes	s 🗆 No		
		vidence that you are leg uthorization work in the U.S. is r	-	he U.S.? 🗆 Yes 🗆	Νο	
Note: Please ex		cted of in a crime in the or which the records were sealed for employment.	• • •			
-	••	should not disclose information	-		· •	



If "Yes", state the nature of the offense and disposition of the cases(s). Please include applicable

dates and locations: _____

EMPLOYMENT INFORMATION (Please print clearly)

Employment Status Desired:
Full Time
Part Time
Temporary/Seasonal

Specify hours available for each day of the week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
То:							

Are you, or do you plan to be in school taking classes at any time while working here?
Yes
No

Are you willing to work overtime?
Yes Ves No, Weekends?
Yes No, Holidays?
Yes No

Are you currently employed?
Yes No, If hired, what date are you available to start?

Have you ever worked for us before?
Yes
No, If so, which restaurant?

List any friends or relatives employed by our company: ______

Have you ever been discharged or asked to resign from any position? \Box Yes \Box No

If yes, please explain: ______



Are you able to	perform the essential	tasks of the job for whi	ch you are applying for	without reasonable
ALC YOU UNIC LO	periorni une essentia	tasks of the job for with	ch you are applying for	without i cusonabic

accommodation?
Yes
No, If no, please describe which tasks, if any, you will need accommodation to

perform and explain what type of accommodation you will need:

EDUCATION & TRAINING

	Name, City, State	Years Completed	Did you Graduate?	Subjects Studied and Degrees Received
High School				
College				
Trade, Business or Correspondence School				

List any professional skills, certificates or licenses you possess that are relevant to the position for which

you are applying: _____

Relevant POS (point of sale) and computer experience:



928-782-0699 HR OFFICE

WORK HISTORY Begin with most recent position and please account for the last 5 years.

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Please list all your past employment, even if it was in another country or state.

Please check this box if you do not have prior work experience.

Company	Phone
Address	City, State, Zip Code
Dates of Employment: From To	Salary: Starting Ending
Job Title Suj	pervisor's Name & Title
Describe duties briefly:	
	Still employed?
Company	Phone
Address	City, State, Zip Code
Dates of Employment: From To	Salary: Starting Ending
Job Title Suj	pervisor's Name & Title
Describe duties briefly:	
	Still employed?
Company	Phone
Address	City, State, Zip Code
Dates of Employment: From To	Salary: Starting Ending
	pervisor's Name & Title
Describe duties briefly:	
Specific reason for leaving:	Still employed?



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Company	Phone			
Address	City, State, Zip Code			
Dates of Employment: From To	Salary: Starting Ending			
Job Title Superv	isor's Name & Title			
Describe duties briefly:				
Specific reason for leaving:	Still employed?			
Company	Phone			
Address	City, State, Zip Code			
Dates of Employment: From To	Salary: Starting Ending			
Job Title Superv	isor's Name & Title			
Describe duties briefly:				
Specific reason for leaving:	Still employed?			
For reference/background check purposes:				
Have you worked for any of these companies or attended school under a different name? \Box Yes \Box No				
If yes, give name and company:				
May we contact the employer(s) listed above? \Box Yes \Box No				
If not, list any employers that you do not wish for us to contact and why:				



AUTHORIZATION CERTIFICATION AND AT-WILL EMPLOYMENT AGREEMENT Please read carefully, then sign and date below.

I certify that I have personally completed this application. I declare that information provided in this employment application is true and complete and I understand 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 agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment if hired.

I understand that I shall be required to provide documentation establishing my legal authorization for employment within the first three days of my employment.

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.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

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 authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

If applicable, I also agree to submit to any drug tests required of me, whether prior to my employment or if employed by this company at any time thereafter.

AT-WILL EMPLOYMENT AGREEMENT

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. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's CEO is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understood, and agreed to the above.

READ, UNDERSTOOD, and AGREED

Applicant Signature:

Applicant Name (printed):

Date: