



WE ARE EQUAL OPPORTUNITY EMPLOYER

All employment decisions are made without regard to race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, sex, pregnancy, childbirth, and related medical conditions, breastfeeding, sex, gender identity, gender expression, age 40 and above, sexual orientation, military or veteran status or any other legally protected status.

PLEASE PRINT

Form with fields for Position(s) Applied For, Date of Application, and How did you learn about us? Please name source (Ad/Newspaper, Website, Employee Referral, Craigslist, Walk-In, Other).

Form with fields for Last Name, First Name, Middle Name, Address, Number, Street, City, State, Zip Code, Mobile Number, Telephone Number, Email Address, Social Security Number.

If you are offered employment, you must have valid authorization to work in the United States (U.S, Citizen national, lawful permanent resident or alien authorized to work in the U.S.).

Can you provide such authorization if offered employment? [] Yes [] No

If you are under 18 years of age, can you, after hire, submit proof of your eligibility of work? [] Yes [] No

Have you been employed by this company? [] Yes [] No If yes, list dates: From: _____ To: _____

Have you applied here before? [] Yes [] No If yes, list dates: _____

Are you currently employed? [] Yes [] No May we contact your present employer? [] Yes [] No

Are you available to work (select all that might apply) [] Full Time [] Part Time [] Temporary [] On Call

On what date would you be available to work? _____

Wage/Salary desired: _____

Can you perform the essential functions of the job for which you are applying, as described in the applicable job description, with or without reasonable accommodation? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No If yes, please explain: _____

(This conviction will not necessarily disqualify an applicant from employment.) Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, impounded, erased, and dismissed under the First Offender’s law. You are also not required to disclose violations, infractions, misdemeanors or summary offenses.

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	TYPE OF STUDIES PURSUED	DEGREE OR DIPLOMA
College			
Business School			
High School			
Other			

WORK AVAILABILITY

Check this box if you are available all hours that the position your are applying for requires

Write in hours you are available for work each day of the week. The majority of our jobs require availability for weekends and holidays.

Sun: _____ Mon: _____

Tue: _____ Wed: _____

Thrus: _____ Fri: _____

Sat: _____

SPECIALIZED SKILLS

Check applicable Skill and Equipment Operated

Computer Software: _____

Computer Hardware: _____

Food Handler: _____

Point of Sale (POS): _____

Ordering System: _____

Cash Register: _____

Languages: _____

Other: _____

DESCRIPTION OF JOB-RELATED QUALITIES

Describe any specialized job-related training, certificates, skills or qualities that would be applicable to desired position. Exclude names or terms which may reveal sex, race, religion, national origin, age or disability or other protected status.

WORK HISTORY

A complete work history is required below. Please include a resume if available.

Start with your present or last job. Include any volunteer activities. You might exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for leaving:			

2.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for leaving:			

3.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for leaving:			

PERSONAL REFERENCES

List three references other than relatives and former employers (Name, relationship and phone number).

Name	Phone ()
Name	Phone ()
Name	Phone ()

APPLICANT'S STATEMENT

APPLICANTS: Please read carefully before signing

I certify that the answers given by me to the foregoing questions and statement are true and correct without misstatements or omissions of any kind whatsoever.

I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application. I also authorize the companies, schools or persons named in this application to give any information regarding my employment, character or qualifications. I hereby release said companies, school or persons from all liability for damages resulting from disclosure of this information. I understand that any misleading or incorrect statements may render this application for employment void and, if employed, would be cause for my discharge. I understand that there is no express or implied contract of employment offered to me by the company by this application. If I am employed, I understand that my employment is at-will and that it may be terminated by me or by the company at any time, for any reason, with or without advance notice or cause. I further understand that as condition of my employment, I will sign a written at-will employment and arbitration agreement. Finally, I understand that all company property must be returned and that any indebtedness which I owe to the company must be repaid at the time of my separation from employment.

This application for employment shall be considered active for a period not to exceed 90 days. Any applicant wishing to be considered beyond this time should re-apply.

This application when completed and signed becomes the property of Authentic Mexican Cuisine, LLC.

Signature of Applicant

Date

FOR HUMAN RESOURCES USE ONLY	FOR EXECUTIVE USE ONLY
Initial Interview ____/____/____	Job Offer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes: _____ _____ _____ _____	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
	Position Offered:
	Pay –Rate:
	By: _____ Executive/Manager Name
By: _____ Date: ____/____/____	Notes:
Referred <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason:	

Employee #: _____ New-Hire Sign-Up Date/Time: _____