

# Application for Employment



For Office Use Only:

Mgr. Initials: \_\_\_\_\_

A B C D

Notes: \_\_\_\_\_

Verified Phone #: Y N

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Type of employment desired: full-time part time Date you will available to start work: \_\_\_\_\_

**Taco Town's operating hours are 8:00am-11:00pm. Please indicate the days and hours you are available to work.**

	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Are you able to meet the attendance requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any restrictions or conditions which would prevent you from fulfilling the requirements of the job? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any objections to working overtime if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you previously been employed by this organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you submit proof of legal employment authorization and identity? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you under 16 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently attending classes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a crime in the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

## Employment History

Please provide all employment information for your past three employers starting with the most recent.

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Summary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer:	Position held:
Address:	Telephone #:
Immediate supervisor and title:	
Dates employed: from:	to: Salary:
Job Summary:	
Reason for Leaving:	

**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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**Educational History**

List school name and location, years completed, course of study, and any degrees earned:

High School: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training \_\_\_\_\_

Other: \_\_\_\_\_

**References**

Name	Telephone #'s	Years Known	Relationship

- I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and it's representatives for seeking, gathering, and using such information to make decisions and all other persons or organizations for providing such information.
- I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.
- If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so there is no violation of applicable federal or state law.
- I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.
- I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.
- **I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_