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TAQUERIAS EL RINCONSITO

Application for Employment

***** Please read employment application instructions before completing this form *****

POSITION FOR WHICH YOU ARE APPLYING:	**Manager – assistant mgr – cook – cashier – prep – dishwasher – other-**					
Check **all** that you may be interested in: Full-Time	Part-time	Job-Share:				
Last Name	First Name	Middle Initial				
Mailing Address	City					
State / Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address		
Driver's License # / State	Expiration Date	Social security #	Date			

Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). *Nature of Offense* *Name & Location of Court* *Date of Conviction*	**(Inaccurate information here will result in disqualification.)** Yes No
Are any of your educational or employment records found under a different last name? If yes, please give the last name. *Previous Last Name*	Yes No
Are you currently employed by taqueria el rinconsito? If yes, please give: *Department/location*	Yes No
Are you a former employee of taqueria el rinconsito? If yes please give: *Last Date(s) of Employment* *Department / location*	Yes No
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. *Employer* *Date and Reason*	Yes No
Do you have any relatives working for taqueria el rinconsito? If yes, please complete the following: (Continue listing relatives on a separate page if necessary) *Name* *Relationship* *Department*	Yes No
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.	Yes No

Personal References		
Name	Telephone Number	For Office Use Only: Date and Time Received

		Accepted by: [ ]

EMPLOYMENT HISTORY

May we contact your present employer? YES NO

1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**

Paid Work Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number

Reason for Leaving

Title of Position Held	Number & Job Title of Employees you Supervised

Describe job responsibilities in order of importance:

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**

Paid Work Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number

Reason for Leaving

Title of Position Held	Number & Job Title of Employees you Supervised

Describe job responsibilities in order of importance:

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
Paid Work Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be f\ground for dismissal.
"I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.
"I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for nay specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

"This waiver does not permit the realize or use of disability-related or medical information in a manner prohibited by the Americans with disabilities act (ADA) and other relevant federal and state laws"

By my signature, I certify, authorize and acknowledge the above statements.

Signature	Date	Social Security Number

(Unsigned applications will not be considered)