



APPLICATION FOR FOH EMPLOYMENT
Solicitud de Empleo Estacional

Date
Fecha: ___/___/___

Social Security #
Numero de Seguro Social: _____

Last Name/*Apellido*

First Name/*Nombre*

Middle

Address/*Direccion*

City/*Ciudad*

State/*Estado*

Zip

Phone
Telefono: _____

Position Desired
Puesto Que Desea: _____

Hourly/Salary Expectation
A Horas/Salario Desado: _____

When can you begin?
Quando puedo empezara trabajar? ___/___/___

Full or Part Time?
Tiempo completo o parcial?: _____

Days/Times Unavailable: _____
Dias que no puede trabajar?

Are you over 18 years of age? <i>Tiene mas de 18 anos de edad?</i> <i>NOTE: If no, a work permit may be required, if hired</i>	___yes ___no
If hired, can you provide the documents required to prove that you are legally able to wok in the U.S.? <i>Autorizacion de trabajo en los Estados Unidos?</i>	___yes ___no
Have you ever been convicted of any felony? If yes, explain: <i>Note: An affirmative answer to this question may not necessarily disqualify you from consideration of employment. Each circumstance and explanation will be weighed/considered in relationshiip to the position for which you are applying.</i>	___yes ___no
Have you ever used another name? <i>He usado otra nombre?</i> <i>If yes, state name(s):</i> _____ <i>Si contesta "si", cual nombre(s)?</i>	___yes ___no

WORK EXPERIENCE/REGISTRO DE TRABAJO

(BEGIN WITH MOST RECENT/DEPEZANDO CON EL MS RECIENTE)

DATES From/De – To/A	EMPLOYER/EMPRESA Address/Calle y Numero	Position/ Puesto	Salary/ Salario
From: _____ To: _____			
Reason for Leaving: _____ Resigned _____ Discharged _____ Laid Off _____ Other (explain) <i>Razon por ca que cambio de trabajo:</i>			
From: _____ To: _____			
Reason for Leaving: _____ Resigned _____ Discharged _____ Laid Off _____ Other (explain) <i>Razon por ca que cambio de trabajo:</i>			
From: _____ To: _____			
Reason for Leaving: _____ Resigned _____ Discharged _____ Laid Off _____ Other (explain) <i>Razon por ca que cambio de trabajo:</i>			

We may contact the employers listed above unless you indicate those you do not want us to contact.
DO NOT CONTACT:

EMPLOYER	REASON
_____	_____
_____	_____
_____	_____

- * What would your ideal schedule be and how flexible are you?

- * Name the place you were most proud of working for and why?

- * Restaurant sanitation is the responsibility of _____.

APPLICANT ACKNOWLEDGMENT:

I understand that the Company requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the Company to investigate my past employment, educational credentials, credit history or other employment-related activities. Further, I understand that the Company may conduct a routine inquiry regarding my character, general reputation, and personal characteristics. I agree to cooperate in such investigations, and release those parties supplying such information to the Company from all liability or responsibility with respect to information supplied.

I understand that in consideration of my employment, I agree to conform to the rules and regulations of the restaurant. I understand that my employment may be terminated with or without cause, and with or without notice, any time, at the option of either the Company or myself. I further understand that no management representative has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand that any false answers made by me on this application or any supplement hereto or in connection with the above mentioned investigations will be sufficient grounds for immediate discharge if I am employed.

APPLICANT'S SIGNATURE

_____/_____/_____
DATE