

Winning every guest every day  
by delivering **Real** Guest  
Satisfaction through **Real** People.

# EMPLOYMENT APPLICATION



Date: \_\_\_\_\_

## PERSONAL

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial) (Nickname)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (NOTE: Revealing your Social Security number is voluntary. The number may be used to verify references and/or prevent mix-up of records of applicants with similar names.)

Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
(Street) (City) (State) (Zip)

Are you 18 or older?  Yes  No

## EDUCATION

School	Name and Location	Circle Highest Grade Completed	Degree/Certificate
High		9 10 11 12	
Trade		1 2 3 4	
College		1 2 3 4	



## GENERAL INFORMATION

Position you are applying for? \_\_\_\_\_ How many hours are you available for? \_\_\_\_\_

Have you ever worked at a Don Pablo's Restaurant?  Yes  No If yes, what location? \_\_\_\_\_

When can you start work? \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

Hourly wage expected? \$

Are you able to perform the essential functions in the position for which you have applied?  Yes  No

If no please explain: \_\_\_\_\_

## SCHEDULE AVAILABILITY

\* Please fill in the time of day you are available

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Lunch							
Dinner							

Have you ever been convicted of a crime?  Yes  No

If yes, give dates and details of each conviction. (A conviction record is not an automatic ban to employment. The nature of the crime will be considered in relation to the position for which you are applying.)

**EXPERIENCE**

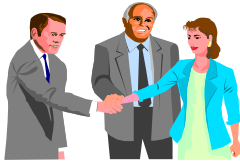
Please list names of employers in order, with present or last employer listed first. Please account for all periods of time for the past 3 years, including any periods of unemployment. Note: a job offer may be contingent upon acceptable references from current and former employers.

*(start with most recent employer)*

Month/Year	Name of Company Supervisor/Phone	Salary	Starting Position/ Ending Position	Reason for Leaving
ENDING DATE				
STARTING DATE				
ENDING DATE				
STARTING DATE				
ENDING DATE				
STARTING DATE				
ENDING DATE				
STARTING DATE				

May we personally contact past and present employers?  Yes  No  
 If not, why? \_\_\_\_\_

**References:**



Please list the names and numbers of four work-related references. Use (2) supervisors and (2) peers that we may call about your work performance.

Name	Relationship	Phone number
1.		
2.		
3.		
4.		

I certify that the answers given herein are true, correct, and complete to the best of my knowledge. I realize that Don Pablo's validates Social Security numbers and If hired, I will truthfully fill out all identity and verification information, and provide an accurate social security number as required by law for wage payment and withholding purposes. As stated below I am aware that providing false information to Don Pablo's may be grounds for disciplinary action, up to and including termination. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release from all liability and hold harmless anyone supplying such information, and I release the Company from all liability that might result from making an investigation. I hereby understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time, for any reason and the Employer may terminate the Employee at any time, for any reason. I understand that no representation, whether oral or written by any representative or agent of the Company, can constitute a contract of employment. I understand that the policies and procedures of Employer are for purposes of internal control only, and may change from time to time without notice. I agree to comply with Employer's policies and procedures.

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

**Emergency Contact**

Name		Relationship to you:		
Street Address	Apt. #	City	State	Zip
Phone No.		Alt. Phone No.		