

# APPLICATION FOR EMPLOYMENT

## CASA DE CASTILLO RESTAURANT, INC.

NAME: (LAST NAME FIRST)			SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY:	BIRTH DATE:

### EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START?	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

### EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE				

### GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/OR RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U. S. MILITARY OR NAVAL SERVICE	RANK

### EMPLOYMENT HISTORY

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES**

(GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS & PHONE	BUSINESS	YEARS KNOWN

**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 GROUNDS FOR DISMISSAL.

I AUTHORIZE THE 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 ANY 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 ANY 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 RELEASE 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

DATE: _____	INTERVIEWED BY: _____
REMARKS:	
NEATNESS: _____	CHARACTER: _____
PERSONALITY: _____	ABILITY: _____
REFERENCE NOTES: _____	HIRED: _____ WILL REPORT: _____