

The Original Garcia's Kitchen

EMPLOYMENT APPLICATION

PERSONAL INFORMATION: *(please print clearly)*

DATE: _____

NAME _____ Social Security # _____
First Middle Initial Last
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 TELEPHONE (____) _____ Are you 16 years of age or over? Yes No (Proof of age or a work permit may be required.)

In Case of Emergency Notify:

NAME _____ TELEPHONE (____) _____
First Middle Initial Last Area Code
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

AVAILABILITY:

Are you legally able to be employed in this country? Yes No (If hired, verification will be required by law)
 What type of position are you seeking? Part Time Full Time Seasonal Temporary

		S	M	T	W	T	F	S	Total hours available per week _____
HOURS	FROM								Total hours desired per week _____
AVAILABLE	TO								Date available to start work _____

Are you currently employed with another company? Yes No

Have you been convicted* of a felony within the last 7 years? Yes No (*Conviction will not necessarily disqualify an applicant from employment)
 Are you able to meet the attendance requirements of the position? Yes No If No, please explain _____
 Position you are applying for? _____
 Which store location are you applying for? _____
 Have you ever worked for Garcia's Kitchen? Yes No If so, when? where? _____

SCHOOL MOST RECENTLY ATTENDED:

NAME _____ CITY _____ STATE _____
 LAST GRADE COMPLETED _____ GRADE AVERAGE _____ GRADUATED? Yes No NOW ENROLLED? Yes No
 Classes Taken? _____

GENERAL INFORMATION:

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS: _____

MOST RECENT EMPLOYMENT:

COMPANY _____ ADDRESS _____
 CITY _____ STATE _____ TELEPHONE (____) _____
 POSITION _____ SUPERVISOR _____ DATES WORKED: FROM _____ TO _____
 WAGE _____ REASON FOR LEAVING _____

COMPANY _____ ADDRESS _____
 CITY _____ STATE _____ TELEPHONE (____) _____
 POSITION _____ SUPERVISOR _____ DATES WORKED: FROM _____ TO _____
 WAGE _____ REASON FOR LEAVING _____

Do we have your permission to contact your current employer? Yes No
 If NO, please explain: _____

I Certify that the information given here is accurate and truthful and represents my ability to work.
 I understand that if hired, changes in my ability to work may also affect employment conditions.

Signed: _____ Date: _____

