

# 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: \_\_\_\_\_

