



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin or age disability.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document for upon hire.

Yolanda's Mexican Café is an Equal Opportunity Employer.

****PLEASE PRINT CLEARLY****

Position(s) Applied For:	Date:
How Did You Find Out About This Job?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Employee <input type="checkbox"/> Internet <input type="checkbox"/> Walk-In <input type="checkbox"/> Other	
Why Are You Seeking A Job At This Time?	

APPLICANT INFORMATION

First Name:	Middle Name:	Last Name:
Street Address:		City/State/Zip:
Cell Phone #:	Home Phone#:	Email Address:
If hired, do you have reliable means of transportation to get to work?		Describe:
Are you at least 18 years old?	If you are under 18 years of age, can you furnish a work permit?	
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT INFORMATION

Are you seeking full time, part time or temporary employment?		
What hours and shift(s) would you prefer to work?		
List times you are not available to work?		
Are you willing to work overtime?	Weekends?	Holidays?
Are you currently employed?	If hired, when would you be able to start?	
Have you ever worked for this organization before?	If yes, when (Month & Year)?	
List any friends or relatives employed by this company:		
Have you ever been discharged or asked to resign from any position?	If yes, please describe:	

EDUCATION (Circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8	Name & Location of School:
Secondary: 9 10 11 12 G.E.D	Name & Location of School:
If in high school, are you enrolled in a recognized co-op program? Yes No	If yes, identify program and school:
College: 1 2 3 4 5 6 7 8	Name & Location of School:
Degree & Major:	Minor:

WORK HISTORY (Please begin with the most recent)

Company:	Phone #:
Address:	City/State/Zip:
Dates of Employment: From: To:	Job Title:
Supervisor's Name & Title:	Briefly Describe Duties:
Specific Reason for Leaving:	
Company:	Phone #:
Address:	City/State/Zip:
Dates of Employment: From: To:	Job Title:
Supervisor's Name & Title:	Briefly Describe Duties:
Specific Reason for Leaving:	
Company:	Phone #:
Address:	City/State/Zip:
Dates of Employment: From: To:	Job Title:
Supervisor's Name & Title:	Briefly Describe Duties:
Specific Reason for Leaving:	

May we contact the employers listed above? ☐ Yes ☐ No

If not, list the employers you do not wish us to contact and why:

AUTHORIZATIONS & AT-WILL EMPLOYMENT AGREEMENT

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make a investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment at-will status and such a change can only be done in writing.

I have read, understand and agree to all of the above.

Signature _____

Date _____

Name (Please Print) _____