La Casita Patio Cafe - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

** PLEASE PRINT CLEARLY **

Position(s) applied for		Da	ate / /
How did you find out about this job?	□ Newspaper □ Employee □ W	alk-in 🛛 Relative 🗳 Othe	er
Why are you seeking a new job at this	s time?		
Applicant Informati	on		
First Name	Middle	Last	
Street Address	Social S	ecurity No	
City/State/Zip		Phone ()	
If hired, do you have a reliable means	of transportation to get to work?	Describe	
Are you at least 18 years old?	If you are under 18 years of age, c	an you furnish a work perm	it?
If the job you are applying for require	es driving: Driver's License No.	State	Expiration Date
Are you legally eligible for employme	ent in the U.S.? (Proof of U	U.S. citizenship or immigrat	tion status is required if hired.)
Have you been convicted of a crime? (M clude marijuana-related convictions that co offense and disposition of the case. Include	occurred more than 2 years prior to the ap	plication date.) 🛛 Yes 🗖	No If yes, state the nature of the
Are you a veteran?		From To	
Employment Inform			
Are you seeking full time, part time o			
What hours and shift(s) would you pr			
List times you are not available to wo	rk?		<u> </u>
Are you willing to work overtime?	Weekends? Holi	days?	
Are you currently employed?	If hired, when would you be ab	le to start?	
Have you ever worked for this organi	zation before? If yes, nat	me used:	
List any friends or relatives employed	by this company:		
Have you ever been discharged or ask	ted to resign from any position?	If yes, please describ	be:

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with our without reasonable accommodation?

Education (circle highest level achieved)

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

Work History (please begin with most recent)

Company		Phone No. with Area Code ()
Address		City/State/Zip	
Dates of Employment: From	То	Salary: Beginning	Ending
Job Title		Supervisor's Name & Title	
Describe duties briefly:			
Specific reason for leaving:			
Company		Phone No. with Area Code ()	
Address		City/State/Zip	
Dates of Employment: From	То	Salary: Beginning	Ending
Job Title		Supervisor's Name & Title	
Describe duties briefly:			
		Phone No. with Area Code (
Address		City/State/Zip	
Dates of Employment: From	То	Salary: Beginning	Ending
Job Title		Supervisor's Name & Title	
Describe duties briefly:			
Specific reason for leaving:			
		Phone No. with Area Code (
Address		City/State/Zip	
Dates of Employment: From	То	Salary: Beginning	Ending
Job Title		Supervisor's Name & Title	
Describe duties briefly:			
Specific reason for leaving:			
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	-	e organizations or attended school un	
		ist the employers you do not wish us	
way we contact the employers its		ist the employers you do not wish us	to contact and wily.
Signatura		Data	
Signature		Date	
Name (please print)			