

Las Olas

Mexican Restaurants

2939 Carlsbad Blvd.

Carlsbad, CA 92008

Phone: (760) 434-5850

WE ARE A

DRUG-FREE WORKPLACE

APPLICATION FOR EMPLOYMENT

Applications are kept active for only 30 days.

Date: _____.

WE APPRECIATE YOUR INQUIRY INTO OUR ORGANIZATION AND ARE SINCERELY INTERESTED IN YOUR BACKGROUND AND QUALIFICATIONS. PLEASE ANSWER ALL QUESTIONS AS THOROUGHLY AS POSSIBLE SO WE MAY REVIEW THIS INFORMATION IN CONSIDERATION OF EMPLOYMENT WITHIN OUR ORGANIZATION. WE CONSIDER ALL APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, SEX, NATIONAL ORIGIN, AGE, DISABILITY, CITIZENSHIP, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, ANCESTRY, MEDICAL CONDITION, GENETIC PREDISPOSITION TO A DISEASE, LAWFUL OFF-DUTY CONDUCT OR POLITICAL ACTIVITIES, OR ANY OTHER LEGALLY PROTECTED STATUS. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE # () _____ CELL PHONE # () _____
AREA CODE AREA CODE

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? YES _____ NO _____

IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK?
_____ WOULD YOU WORK? FULL-TIME _____ PART-TIME _____

ARE YOU 18 YEARS OR OLDER? YES _____ NO _____ ARE YOU 21 YEARS OR OLDER? YES _____ NO _____

DO YOU HAVE A CURRENT FOOD HANDLER'S CARD? YES _____ NO _____

REFERRED BY _____

EMPLOYMENT APPLIED FOR

POSITION _____ SALARY DESIRED _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE _____ WHEN _____

YOU MUST ANSWER THE FOLLOWING 2 QUESTIONS OR YOUR APPLICATION CANNOT BE ACCEPTED:

1. A JOB DESCRIPTION DESCRIBING THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED IS ATTACHED OR HAS BEEN DESCRIBED TO YOU. CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED? YES _____ NO _____

2. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY IN ANY JURISDICTION OR ARE YOU CURRENTLY OUT ON BAIL, THE SUBJECT OF A CURRENT WARRANT FOR ARREST OR RELEASED ON YOUR OWN RECOGNIZANCE PENDING TRIAL? Convictions for marijuana-related offenses that are more than two years old cannot be considered. YES _____ NO _____ If yes, Explain: _____

(A conviction will not necessarily disqualify an applicant from employment.)

<u>EDUCATION</u>	<u>NAME & LOCATION OF SCHOOL</u>	<u># OF YEARS ATTENDED</u>	<u>DID YOU GRADUATE?</u>	<u>SUBJECTS STUDIED</u>
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

(CONTINUED ON BACK)

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

FORMER EMPLOYERS

(LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

FROM MO/YR	TO MO/YR	NAME AND ADDRESS OF EMPLOYER	POSITION & SALARY	REASON FOR LEAVING
1.				
2.				
3.				

REFERENCES

PLEASE LIST BELOW THREE PERSONAL REFERENCES OTHER THAN RELATIVES AND PAST EMPLOYERS.

NAME	ADDRESS	PHONE #
1.		
2.		
3.		

PLEASE LIST BELOW TWO PAST EMPLOYMENT REFERENCES WE MAY CALL.

NAME	ADDRESS	BUSINESS	PHONE #
1.			
2.			

IF THE POSITION YOU ARE APPLYING FOR REQUIRES DRIVING, PLEASE INDICATE IF ANY OF THE FOLLOWING

HAVE OCCURRED IN THE PAST THREE YEARS: SOCIAL SECURITY #: _____
___ SUSPENSION ___ REVOCATION ___ DUI ___ CONVICTIONS ___ PROPERTY DAMAGE ___ PHYSICAL HARM

EMPLOYMENT IS ABSOLUTELY CONTINGENT ON APPROVAL OF YOUR DRIVING RECORD FROM OUR INSURANCE CARRIER. VALID AUTO INSURANCE AND DRIVER'S LICENSE IS A PRE-REQUISITE FOR EMPLOYMENT OF DRIVING POSITIONS.

"I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I GIVE AUTHORIZATION TO HAVE MY MOTOR VEHICLE RECORD CHECKED AND VERIFIED AND, IF HIRED, IT MAY BE CHECKED PERIODICALLY THROUGHOUT MY EMPLOYMENT. I VERIFY THE VEHICLE INFORMATION I GAVE IS COMPLETE AND ACCURATE. I UNDERSTAND THAT IF HIRED I MAY BE REQUIRED TO MAINTAIN VALID AUTO INSURANCE AND DRIVER'S LICENSE AS A CONDITION OF EMPLOYMENT.

I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT.

I UNDERSTAND THAT FILLING OUT THIS FORM DOES NOT INDICATE THERE IS A POSITION OPEN AND DOES NOT OBLIGATE YOU TO HIRE ME.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS **AT WILL** WHICH MEANS IT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

I UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON THE PRODUCTION OF THE PROPER DOCUMENTS FOR COMPLETION OF THE I-9 FORM."

SIGNATURE _____

DATE _____

ARE YOU ENGAGED IN ANY ACTIVITIES THAT MAY BE PERTINENT TO THE JOB FOR WHICH YOU ARE APPLYING?

INTERVIEWED BY _____ DATE _____

HRP0001-1109

Human Resource Professionals, Inc.
Phone: (760) 727-1667

1729 Crystal Ridge Way
Fax: (760) 727-1677

Vista, CA 92081
E-mail: hrp@pacbell.net