

First Name:	Middle N	Middle Name:			Last Name:					
Address: State:				City:			Zip	Zip Code:		
Mobile #:	Home #:	Home #:			Social Security #: XXX-XX			Ref	Referred By:	
Email Address:										
Have you been convictions to				d (arrests		ons).	. A conviction	n will not n	ecessarily disqua	alify you for
Yes				No						
PERSONAL INFO	RMATIC	N						Toda	ıy's Date:	
Location applying for:		Mot	ro Tagur	oro \square	The Me	-yic	ran [
, -		Metro Taquero ☐ The Mexican ☐ Host/Hostess ☐ Waiter/Waitress ☐				Busser				
Cook										
	ary Desired:								you have Reliable ansportation?	
start:		_	Part Tir							
Availability: Specify Ho available to work. Req work weekends		N	Monday	Tuesda	y Wednesda	ay	Thursday	Friday	Saturday	Sunday
How many hours per week do you want to work?		Are you able to work overtime? Are you willing to work Holidays? Special Skills								
EMPLOYMENT D		n Me	etro Taqı	uero or ⁻	Γhe Mexican	1?	Yes □] No		
If yes, which restauran	t?									
When?										
Why did you leave?										



EDUCATION

Graduated?	No 🗌	Yes 🗌	Degrees?	No 🗆	Yes 🗌		
		Name &	: Address of School			Yrs. Completed	d?
High Sch	nool						
Colleg	e						
Trade, Busines Correspondence							
1. Why would	d you like	e to work for Met	ro Taquero or The <i>I</i>	Mexican?			
	el, no ex	-	personal appearanc or makeup, and goo		_		
3. If possible	, describ	e a situation whe	ere you have provid	ed exce	llent customer	service?	
4.Do you hav	e any phy	ysical limitations	that would impair	your abi	lity to work?	No 🗌	Yes 🗌



EMPLOYMENT HISTORY

Please complete the information requested below regarding your work history. Please do NOT write "See Resume"

Current or Most Recent Employer		Previous Employer	Previous Employer		
Name of Employer					
Address / Location					
May we contact this employer? If NO, please explain.					
Supervisor's Name					
Phone Number					
Length of Employment					
Position(s) Held					
Hourly Pay Rate					
Average Number of Hours Worked Per Week					
Reason for Leaving					

REFRENCES

Give below the names of three professional references, whom you have known at least for one year

Name	Address & Phone Number	Business	Years Known



AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the reference and employers listed above to give you any and all information concerning my pervious employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period of time, of to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This wavier does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities ACT (ADA) and other relevant federal and state laws."

Signature:	Date:	
Print Name:		