



Mexican Food

Personal Information

Last Name		First Name	Middle Name
Current Address			
Permanent Address			
Home Phone	Cell Phone	Other Phone	

Employment Desired

Location applying for	North Phoenix(Cactus)	Peoria	Mesa(Country Club)
Position	Date you can Start		Salary Desired
Are you Currently Employed?	If so, may we contact your current Employer		
Have you applied for this company before?	Where and When?		
Referred By:			

Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	CAROLINA'S CLOSED
PM	PM	PM	PM	PM	PM	

Education History

Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business, etc. School			

Employment History

List last five employers, starting with the last one first

Month & Year	Name & Address of Employer	Salary & Position	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			

References

List the names of three persons, not related to you, whom you have known for at least one year.

Name	Address	Business	Years Known

General Information

Subjects of Special Studies/Research Work or Special Training/Hobbies

Subjects of Special Studies/Research Work or Special Training/Hobbies	
US Military or Naval Service	Rank

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 references and employers listed above to give you any and all information concerning my previous 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 any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

Signature	Date
-----------	------