# **Cha Cha's Latin Kitchen**

APPLICATION FOR EMPLOYMENT	DATE:		
Location where you would prefer to work:	Position Applying For:		
NAME:			
			MIDDLE
ADDRESS:			
STREET	CITY		ZIP
PHONE:	CELL:		
EMAIL: (Print Clearly)			
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?		YES	NO
ARE YOU ABLE TO ABLE TO PROVIDE PROOF OF YOUR ELIGIBATION	LITY?	YES	NO
ARE YOU AT LEAST 18 YEARS OF AGE?		YES	NO
HAVE YOU EVER BEEN DISCHARGED FROM A JOB?		YES	NO
(IF YES, PLEASE EXPLAIN)			

## EMERGENCY CONTACT: \_PHONE

Availability:	Mark "Yes" or	"No"	<i>Top row=</i> A	AM Shifts; Both	tom row=PM	Shifts
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

### References

1		DI	
Name		Phone	
2			
Name		Phone	
Education			
Trade School/ Industry Training:			
High School:			
Name	City		Diploma
College:			
Name	City		Degree
Can you perform normal job functions for lon	g periods on your feet?	Yes	No
Do you have any vacations planned within the	e next 6-months?	Yes	No
What special skills or qualifications do you po	ossess that might be relevant to the job	applied for?	

#### WORK HISTORY

Total Years of Relevant Experience: (i.e. customer service, food and beverage service, host	1 2 3 4 spitality, hotel)	5+	
Employed From:	Position:		
Company:			Phone
Supervisor:			Phone
Duties:			
Reason for Leaving:	May we contact:	Yes	No
Employed From:	Position:		
Company:			Phone
Supervisor:			Filolie
Duties:			
Reason for Leaving:		Yes	No
Employed From:	Position:		
Company:			
Name Supervisor:			Phone
Duties:			
Reason for Leaving:		Yes	No
Have you ever been discharged from a job? Reason:	YES NO		

#### PLEASE READ CAREFULLY AND SIGN AT BOTTOM

I acknowledge that in connection with my application for my employment, promotion or assignment with this restaurant, I have been advised in writing that an investigate consumer report may be made as to my character, general reputation, personal characteristics and mode of living. I further acknowledge that I have been advised in writing by this restaurant that upon written request within a reasonable time, additional information as to the nature and scope of the report, if one is made, will be provided. This written request should be addressed to the Manager where the application is filed. I authorize you to communicate with all my former employers, school officials and persons names as references. I hereby release all employers, school officials and individuals from any liability for any damage whatsoever resulting from giving such information. I understand that any offer of employment may be subject to the following satisfactory references, employment and/or credit checks, clearance of criminal record and acceptance by the bonding company. I also understand the bonding requirement may include fingerprinting for criminal record investigation. I also acknowledge that from time to time this restaurant may be required to submit certain information with regard to employment or application to various State and Federal Government agencies. I hereby authorize this restaurant to provide such information and release the Company, its agents, and subsidiaries from any liability resulting from submitting such information. I hereby certify that all statements set forth on this application form are complete and true. I understand that if subsequent to my employment, any of such statements and or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Federal laws and internal policy prohibit this organization from entering into employment contracts unless they are in writing and approved by the Company. Accordingly, I understand that, if hired, my employment and compensation can be terminated with or without notice, with or without cause, at any time, at the option of either the organization or myself. I understand and acknowledge that no employee or representative of the organization, other than the Board of Directors or Member of the Company specifically approving a written contract in writing, has any authority to enter into my agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date:
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Signature:

### EQUAL OPPORTUNITY EMPLOYER