



FINE MEXICAN CUISINE, MARISCOS AND STEAKS

www.lacostarestaurant.com

Employment Application

POSITION APPLYING FOR _____

TODAYS DATE _____

GENERAL DATA

Your name and social security number will be verified with the Social Security Administration. The law prohibits discrimination because of race, color, religion, sex, age, national origin, or a disability which may be reasonably accommodated.

FULL NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE () _____ CELL/PAGER () _____ E-MAIL ADDRESS _____

SOCIAL SECURITY NUMBER _____ DATE AVAILABLE TO START _____ SALARY REQUIREMENT _____

Are you over 18 years of age? Yes No If "No", state your date of birth: Month _____ Day _____ Year _____

If hired can you provide proof of eligibility to work in the United States prior to your start date? Yes No

Person to be contacted in case of emergency: Name _____ Phone () _____

Type of employment desired? Full Time Part Time Temporary Seasonal

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, explain: _____

Conviction of a crime will not necessarily disqualify an applicant from employment, but will be considered on a case-by-case basis.

EDUCATION

High School: _____ Address: _____

No. Years Attended: _____ Did you graduate? Yes No Degree: _____

College/University: _____ Address: _____

No. Years Attended: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

No. Years Attended: _____ Did you graduate? Yes No Degree: _____

REFERENCES

Please provide the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone () _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone () _____

Address: _____ City: _____ State: _____ Zip: _____

PREVIOUS EMPLOYMENT (Begin with most recent position)

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held _____

Employer _____ Address _____

Phone (____) _____ Supervisor _____ Title _____

Responsibilities _____

Starting Salary and Title _____ Ending Salary and Title _____

Reason for Leaving _____

May we contact your employer for reference? Yes No

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held _____

Employer _____ Address _____

Phone (____) _____ Supervisor _____ Title _____

Responsibilities _____

Starting Salary and Title _____ Ending Salary and Title _____

Reason for Leaving _____

May we contact your employer for reference? Yes No

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held _____

Employer _____ Address _____

Phone (____) _____ Supervisor _____ Title _____

Responsibilities _____

Starting Salary and Title _____ Ending Salary and Title _____

Reason for Leaving _____

May we contact your employer for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, education, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant _____ Date _____

COMMENTS (For office use only)

Interviewed on _____

Start date _____

Position _____

Wage _____