

EMPLOYMENT APPLICATION

POSITION DESIRED _____

NAME _____ SOCIAL SECURITY NO. _____
FIRST NAME MIDDLE INITIAL LAST NAME
STREET ADDRESS _____ APT. NO OR P.O. BOX _____
CITY _____ STATE _____ ZIP _____ AREA TEL. _____
CODE NO. _____

ARE YOU 18 OR OLDER? YES NO, IF NOT, AGE _____**AVAILABILITY:**

TOTAL HOURS AVAILABLE PER WEEK _____
HOURS AVAILABLE _____

	M	T	W	T	F	S	S
FROM							
TO							
FROM							
TO							

ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE U.S.: YES NO

HOW DID YOU HEAR OF JOB? _____

DO YOU HAVE RELIABLE TRANSPORTATION TO WORK? _____

SCHOOL MOST RECENTLY ATTENDED:

NAME _____ LOCATION _____ PHONE _____
GRADUATED YES NO NOW ENROLLED? YES NO

THREE MOST RECENT JOBS: (IF NOT APPLICABLE, LIST U.S. MILITARY, WORK PERFORMED ON A VOLUNTARY BASIS OR PERSONAL REFERENCES)

COMPANY _____ LOCATION _____
PHONE _____ JOB _____
SUPERVISOR _____ DATES WORKED: FROM _____ TO _____
SALARY _____ REASON FOR LEAVING _____ MGMT. REFERENCE CHECK DONE BY _____

COMPANY _____ LOCATION _____
PHONE _____ JOB _____
SUPERVISOR _____ DATES WORKED: FROM _____ TO _____
SALARY _____ REASON FOR LEAVING _____ MGMT. REFERENCE CHECK DONE BY _____

COMPANY _____ LOCATION _____
PHONE _____ JOB _____
SUPERVISOR _____ DATES WORKED: FROM _____ TO _____
SALARY _____ REASON FOR LEAVING _____ MGMT. REFERENCE CHECK DONE BY _____

The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia and campylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? YES NO If yes, explain: _____

* DURING THE PAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS?

 YES NO IF YES, DESCRIBE IN FULL _____

* A conviction will not necessarily bar you from employment.

I, I certify that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with the policy of Dos Coyotes. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent 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 acknowledge that Dos Coyotes reserves the right to amend or modify the policies in its manual and other policies of Dos Coyotes at any time, without prior notice. These policies do not create any promises or contractual obligations between Dos Coyotes and its employees. At Dos Coyotes, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and that Dos Coyotes retains the same rights.

SIGNATURE _____ DATE _____

Dos Coyotes is an Affirmative Action and Equal Opportunity Employer. Various Federal, State, and Local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veterans status. It is Dos Coyotes' policy to comply fully with these laws, as applicable, and information requested on this application will not be used for any purpose prohibited by law.