PERSONAL INFORMATION: **Date:**_____ **Social Security Number:**_____

Name: _____ _____
Last First Middle Phone #

Present Address:_____
Street Apt City State Zip

Age (check one) **Under 16** **16 or 17** **18 or over**
(if under 18 years of age a work permit or certificate may be required as a condition of employment)

Have you ever worked for Taco Palenque before? **YES** **NO**

How did you learn about our organization? **Walk In** **Newspapers** **School** **Referred By**_____

EMPLOYMENT DESIRED:
Position:_____
Salary Requirements:_____
Date you can start:_____
Have you ever applied for this company before?
YES **NO**

Days & Hours available to work: **Check here if available any hours.If restrictions, indicate available hours below.**

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							

EDUCATION	Name and Location	Course of Study	Years Completed	Graduated	Degree Received
				Yes No	

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Phone	Address	Business	Years Known

FORMER EMPLOYERS: **List below last three employers, starting with you present or most recent employer.**

EMPLOYER PHONE # WAGES HOW LONG REASON FOR LEAVING

_____

_____

_____

PLEASE READ BEFORE SIGNING

I hereby verify that the information provided is true, complete and accurate. I agree that the Company may investigate all of the statements made on this application form and that any misrepresentation or omission is cause for dismissal.
I understand that the Company may review references, credit files, and criminal records as part of the employment process.
I understand that no employee, manager, or other agent of the Company has the authority to enter into any agreement for employment for any specified period of time unless such an agreement is in writing and signed by the President of Casa Palenque, Inc. I further understand that in the absence of such and agreement, employment can be terminated at the sole discretion of the company or employee at any time. I understand that this application will remain active for 30 days.

Applicant's Signature _____ **Date** _____