



EMPLOYMENT APPLICATION

29263 CENTRAL AVE UNIT F,
LAKE ELSINORE, CA 92532
951.219.1331
ELTACOBARINC@GMAIL.COM

| | | | | | |
|---------------|--------------------------------------|--|------------|---|----------------|
| PERSONAL DATA | Last Name | | First Name | | Middle Initial |
| | Present Address | | | | |
| | Number | | Street | | Apt. |
| | City | | | State | Zip Code |
| | Home Telephone Number () () () | | | Mobile Telephone Number (if different) () () () | |

| | | | | | | | | | | | | | | |
|--|--|--|-------------------------|----------------------------------|---------------------------|--|-----------------------------------|--|------------------------|--|--------------------------|--|------------------------|--|
| GENERAL DATA | Position Applying For | | | | | | | | | | | | | |
| | Full Time or Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | | | Date of Application | | | | | | | | | |
| | Shift or Hours Preferred (please circle) | | | | | | | | | | | | | |
| | Monday AM PM | | Tuesday AM PM | | Wednesday AM PM | | Thursday AM PM | | Friday AM PM | | Saturday AM PM | | Sunday AM PM | |
| | How did you learn of this job opening? | | | | | | | | | | | | | |
| | <input type="checkbox"/> Advertisement | | | <input type="checkbox"/> Walk-In | | | <input type="checkbox"/> Relative | | | | | | | |
| | <input type="checkbox"/> Employment Agency | | | <input type="checkbox"/> Friend | | | <input type="checkbox"/> Other | | | | | | | |
| | If under 18 years of age, can you submit a work permit after employment? (Proof of age and work permit may be required prior to hiring) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | | | | | | | | | | |
| Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |

| | | | | |
|-----------|-----------------|-------------|---------|------------------------------|
| EDUCATION | | High School | College | Trade, Professional or Other |
| | Name | | | |
| | Address | | | |
| | Number of Years | | | |
| | Course or Major | | | |
| | Diploma/Degree | | | |

El Taco Bar Inc. is an equal opportunity employer.

| | | | | | |
|---|--|------------------------------|----|-------------|--------|
| E M P L O Y M E N T H I S T O R Y | Previous/Present Employer | Length of Employment (dates) | | Rate of Pay | |
| | | From | To | Starting | Ending |
| | Address | | | | |
| | Telephone Number | Duties Performed | | | |
| | Supervisor's Name and Position | | | | |
| | Your Job Title | | | | |
| | May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | Previous Employer | Length of Employment (dates) | | Rate of Pay | |
| | | From | To | Starting | Ending |
| | Address | | | | |
| | Telephone Number | Duties Performed | | | |
| | Supervisor's Name and Position | | | | |
| | Your Job Title | | | | |
| | May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | Previous Employer | Length of Employment (dates) | | Rate of Pay | |
| | | From | To | Starting | Ending |
| | Address | | | | |
| | Telephone Number | Duties Performed | | | |
| Supervisor's Name and Position | | | | | |
| Your Job Title | | | | | |
| May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | |
|--|---|
| S T A T E M E N T | I hereby certify that the information on this application is correct and complete to the best of my knowledge. |
| | I agree to have any of the statements checked by the company unless I indicate to the contrary. Further, I understand that the falsification or omission of any material on this application, if I receive a job offer may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer. |
| | I hereby acknowledge that my employment is "at-will", that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company. |
| | By: _____ Signature of Applicant _____ Date |

| For Company Use Only | |
|---|---------------------------|
| Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1st: _____ | 2nd: _____ 3rd: _____ |
| Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No | Starting Date: _____ |
| Job Title: _____ | Dept: _____ Salary: _____ |
| By: _____ | Date: _____ |
| Name and Title | |