



EMPLOYMENT APPLICATION

29263 CENTRAL AVE UNIT F,
LAKE ELSINORE, CA 92532
951.568.1600
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"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend <input type="checkbox"/> Relative <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	