

PERSONAL INFORMATION: (please print clearly)

DATE: _____

NAME _____
First Middle Initial Last
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 TELEPHONE (_____) Are you 16 years of age or over? Yes No (Proof of age or a work permit may be required.)

In Case of Emergency Notify:
 NAME _____ TELEPHONE (_____)
First Middle Initial Last Area Code
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

AVAILABILITY:

Can you work any shift? Including Weekends? _____ Yes _____ No
 Are you able to perform the essential function of the job for which you are applying, with or without reasonable accommodations? _____ Yes _____ No

Are you able to meet the attendance requirements of the position? _____ Yes _____ No If No, please explain _____

 Position you are applying for? _____
 Which store location are you applying for? _____
 Have you ever worked for Garcia's Kitchen? _____ No _____ Yes If so, when? Where? _____

SCHOOL MOST RECENTLY ATTENDED

NAME _____ CITY _____ STATE _____
 LAST GRADE COMPLETED _____ GRADE AVERAGE _____ GRADUATED? Yes No NOW ENROLLED? Yes No
 Classes Taken? _____

GENERAL INFORMATION:

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS: _____

MOST RECENT EMPLOYMENT:

COMPANY _____ ADDRESS _____
 CITY _____ STATE TELEPHONE (_____)
 POSITION _____ SUPERVISOR _____ DATES WORKED: FROM _____ TO _____
 WAGE _____ REASON FOR LEAVING _____

COMPANY _____ ADDRESS _____
 CITY _____ STATE TELEPHONE (_____)
 POSITION _____ SUPERVISOR _____ DATES WORKED: FROM _____ TO _____
 WAGE _____ REASON FOR LEAVING _____

Do we have your permission to contact your current employer? Yes No
 If NO, please explain: _____

I certify that the information given here is accurate and truthful and represents my ability to work.
 I understand that if hired, changes in my ability to work may also affect employment conditions.

Signed: _____ Date: _____

