



AUNT CHILADA'S

Grupo Aunt Chilada's, LLC
An Equal Opportunity Employer

Application For Employment

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Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Social Security Number: _____

Position(s) Desired: _____ Hours Available: _____

Rate of Pay: _____ Full Time Part Time
Are you of legal age to serve alcoholic beverages in state? (19 years of age) Yes No
Are you eligible to receive any and all permits and licenses required by law? Yes No

Previous Employment (list most recent first)

Employer: _____ Supervisor: _____

Street Address: _____ Suite Number: _____

City: _____ State: _____ Telephone Number: _____

Dates Employed: _____ Position(s) Held: _____

Responsibilities: _____ Reason for Leaving: _____

Employer: _____ Supervisor: _____

Street Address: _____ Suite Number: _____

City: _____ State: _____ Telephone Number: _____

Dates Employed: _____ Position(s) Held: _____

Responsibilities: _____ Reason for Leaving: _____

Employer: _____ Supervisor: _____

Street Address: _____ Suite Number: _____

City: _____ State: _____ Telephone Number: _____

Dates Employed: _____ Position(s) Held: _____

Responsibilities: _____ Reason for Leaving: _____

Continued

Application For Employment

Previous Employment (continued)

Employer: _____ Supervisor: _____
Street Address: _____ Suite Number: _____
City: _____ State: _____ Telephone Number: _____
Dates Employed: _____ Position(s) Held: _____
Responsibilities: _____ Reason for Leaving: _____

Personal References (other than relatives)

Name: _____ Telephone Number: _____ Years Acquainted: _____
Name: _____ Telephone Number: _____ Years Acquainted: _____

Are you 18 years of age or older? Yes No
Name of the last school you attended. _____
Do you speak more than one language? Yes No
If yes, please list. _____
Do you have any skills you would like to list? _____

Do you have any relatives working at this company? Yes No
If yes, please list. _____
Have you been convicted of a felony in the last seven years? Yes No
This does not disqualify you from employment.
If yes, please explain. _____

Do you regularly take any prescription drugs or other medication that may affect you at work? Yes No
If yes, please list the condition and the medication. _____

Do you have dependable transportation? Yes No
Do you smoke? Yes No
Smoking is permitted in specified areas.
Do you have a valid Arizona drivers license? Yes No
If yes, please enter the number. _____
Are you legally eligible for employment in the United States? Yes No
Document you will use for verification. _____

Certification Authorization Release Waiver

Federal law prohibits the company from hiring any person unless he/she presents documents which establishes his/her identity and eligibility to work in the United States. Therefore, the company will require that each new hire present such documents as a condition of employment.

Grupo Aunt Chilada's LLC is an Equal Opportunity Employer and does not discriminate in hiring or employment, in accordance with the requirements of all applicable state and federal laws on the basis of race, color, creed, sex, national origin, age or physical or mental disability unrelated to job requirements.

All information given by me in this application is true and correct. I authorize investigation of all information contained herein and specially authorize the employers and references to give you any and all information concerning me and, by doing so, release all persons from any liability for any damage that may result furnishing same to you.

In consideration for any employment, I agree to conform to Grupo Aunt Chilada's LLC policies, rules, regulations and guidelines, which may be

Signature of Applicant: _____
Print Name: _____
Date: _____ / _____ / _____

changed from time to time. I further agree that my employment (and the terms and benefits provided to me) is not intended to and does not constitute any contractual relationship, is for no definite period of time, and is terminable by myself or Grupo Aunt Chilada's with or without notice or cause. No oral statements or representations made either before or during employment can change or modify this non-contractual and at-will relationship.

In further consideration for my employment, I understand and agree that there are other forms, statements, and provisions that have to be completed and agreed to, and those forms, statements, and provisions are part of this application and will be included within my employment records.

If employed, I hereby authorize Grupo Aunt Chilada's LLC to deduct from my earnings amounts sufficient for my payments to cover any financial liability which I may incur during my employment. This may include, but not be limited to damage to or loss of company vehicles or property, group insurance premiums, uniform costs, lost tools, equipment and supplies, and other appropriate situations.

Hired by: _____
 Full Time Part Time Salaried Hourly Wage: _____ p/hr
Start Date: _____ / _____ / _____
Position: _____
Date of Job Offer: _____ / _____ / _____