

Employment Application

La Casuela Mexican Restaurant & Bar

La Casuela Mexican Restaurant & Bar is an Equal Opportunity Employer. Applicants for all job openings will be considered without regard to age, race, color, religion, sex, national origin, sexual orientation, marital status, pregnancy or childbirth, disability, medical condition, veteran status or any other consideration made unlawful under any federal, state or local laws.

Complete this application in its entirety. La Casuela will only consider information contained on the application or supplemental materials specifically requested for this recruitment to determine your qualifications for the position in which you are applying. Incomplete or illegible applications may be disqualified. Documents submitted will not be returned. Resumes are not accepted in lieu of a completed application form.

POSITION APPLIED FOR:	☐ Full-Time		☐ Part-Time			
□ Busser	☐ Hostes		Date of Birth			
☐ Server		der (must be 21)	Social Socurity Number:			
☐ Cook	□ Dishwa	sher	Social Security Number:			
☐ Food preparation ☐ Other						
Last Name First Name	Other names under which you have worked:					
Address	Telephone Number	(home)	Telephone Number (day)			
City, State, Zip	Email					
EDUCATION Have you completed 8th grade? □ Yes □	No Do you h	nave a High School diplom	a or equivalent (GED or	CA Proficiency)? □ Yes □ I	No
Colleges, Universities (Name and Location)		Ma _j		Total Unit Semester		Degree Received (AA, BA, BS, MA, etc.)
						,
Languages spoken fluently, other than Engl	ish which are re	elated to the position for w	hich you are applying for	r:		
List professional, trade, business, or civic a	ctivities and offi	ces held which are related	to the position for which	ı you are apply	ing for:	
If required, do you have a valid California D Restrictions (other than eyeglasses):					_	
EMPLOYMENT HISTORY Begin with your most recent experience. L any employers during the last 10 years. Incresume will not, nor will reference to a re-	clude full details	s about experience that, in	your opinion, makes yo	u qualified for	the job for wh	
Dates of employment	Title of you	r position		Salary		☐ Full-time
From:(month)(year)	Type of bus	siness or organization		Beginning:		☐ Part-time
To:(month)(year)				Ending:		Hours/Week
Name and Address (include city, state, ZIP)) of Current or I	Most Recent Employer		Supervisor Pl May we conta	none:	ate supervisor ☐ Yes ☐ No
Description of Duties, Responsibilities, and	Accomplishme	nts				

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Dates of employment					□ □ □ # diama		
- ()		our position		Salary	☐ Full-time		
From:(month)	Type of t	ousiness or organizati	on	Beginning: Ending:			
	(month)(year) e and Address (include city, state, ZIP) of Current or Most Recent Employer				Hours/Week		
Name and Address (include city,	state, ZIP) of Current of	or Most Recent Employ	er	Name/Title	of your immediate supervisor		
					Phone:		
Description of Duties, Responsib	May we co	May we contact her/him? ☐ Yes ☐ No					
Description of Duties, Responsib	miles, and Accomplish	nents					
	T =				T ==		
Dates of employment		our position		Salary	☐ Full-time		
From:(month)	i ype oi k	ousiness or organizati	on	Beginning:			
Го:(month)	(year)			Ending:	Hours/Week		
Name and Address (include city,	state, ZIP) of Current of	or Most Recent Employ	er	Name/Title	of your immediate supervisor		
				Supervisor	Supervisor Phone:		
Description of Duties Bernaudh	Webs and Assessed to be			May we co	ntact her/him? ☐ Yes ☐ No		
Description of Duties, Responsib	ollities, and Accomplishr	nents					
Dates of employment	-	our position		Salary	☐ Full-time		
From:(month)	(year) Type of h	ousiness or organizati	on	Beginning:	☐ Part-time		
Го:(month)		Jusiness of Organizati	OII	Ending:	Hours/Week		
Name and Address (include city,	state, ZIP) of Current of	or Most Recent Employ	er	Name/Title	of your immediate supervisor		
				Supervisor	Phone:		
					ntact her/him? ☐ Yes ☐ No		
Please list at least three referenc	es that know you well						
Please list at least three referenc	ees that know you well Last Name	How long you	Job Title	Relationship	Phone Number		
		How long you know him/her	Job Title	Relationship	Phone Number		
			Job Title	Relationship	Phone Number		
			Job Title	Relationship	Phone Number		
			Job Title	Relationship	Phone Number		
			Job Title	Relationship	Phone Number		
First Name	Last Name	know him/her		Relationship	Phone Number		
First Name	Last Name	know him/her		Relationship	Phone Number		
First Name	Last Name	know him/her		Relationship	Phone Number		
First Name Have you ever been terminated of yes, please give details.	Last Name Dr asked to resign from	a position? ☐ Yes ☐ N	No				
First Name Have you ever been terminated of yes, please give details.	Last Name Dr asked to resign from	a position? ☐ Yes ☐ N	No				
First Name Have you ever been terminated of fyes, please give details. Have you ever been convicted of	Last Name or asked to resign from f a felony or misdemear	a position? Yes	No w, regulation, or or	dinance? □ Yes □ No			
First Name Have you ever been terminated of yes, please give details. Have you ever been convicted of Do you have any relatives emplo	Last Name or asked to resign from f a felony or misdemear	a position? Yes	No w, regulation, or or	dinance? □ Yes □ No			
First Name Have you ever been terminated of yes, please give details. Have you ever been convicted of you have any relatives employitle, and relationship.	Last Name or asked to resign from f a felony or misdemear	a position? Yes Nor in violation of any la	w, regulation, or or	dinance? □ Yes □ No If YES, please identif	fy first and last name, department a		
First Name Have you ever been terminated of yes, please give details. Have you ever been convicted of you have any relatives emplo	Last Name or asked to resign from f a felony or misdemear	a position? Yes Nor in violation of any la	No w, regulation, or or	dinance? □ Yes □ No			
First Name Have you ever been terminated of fyes, please give details. Have you ever been convicted of the poor	Last Name or asked to resign from f a felony or misdemear	a position? Yes Nor in violation of any la	w, regulation, or or	dinance? □ Yes □ No If YES, please identif	fy first and last name, department a		
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First Name Have you ever been terminated of yes, please give details. Have you ever been convicted of Do you have any relatives emploititle, and relationship. First Name ERTIFICATION OF APPLICANT nereby certify that the information	Last Name or asked to resign from f a felony or misdemear nyed by La Casuela or L Last Name	a position?	w, regulation, or or onts? Yes No	dinance? □ Yes □ No If YES, please identii Title and all statements ma	fy first and last name, department a		

dismissal from La Casuela employment. I understand that I give the right to La Casuela to check any information regarding my employment application.

Signature of Applicant:	Date	: