



APPLICATION FOR EMPLOYMENT

Please print and bring into the store

Applicants will receive consideration without regard to race, color, sex, age, religion, national origin, disability, sexual orientation, veteran status or marital status.

Last Name	First	Middle	Nickname	Today's Date
Street Address				Home Phone ()
City, State, Zip				Cell Phone ()
Email Address				Social Security Number
Have you ever applied for employment with California Tortilla ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, month & year Location:				Pay wanted
Position Desired				Location Preference
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you available to work holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
When will you be able to begin working?				Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other special training or skills (e.g. language)? Please explain.				
How did you hear about California Tortilla?				
Do you have any relatives working now or in the past for California Tortilla?				

HOURS AVAILABLE:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?
High School				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
College				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
Other Education				<input type="checkbox"/> Yes
				<input type="checkbox"/> No

EMPLOYMENT HISTORY

Please give accurate, complete, full-time and part-time record. Start with present or most recent employer. Include military experience if applicable
Please include one personal reference.

1	Company Name and Address		Phone ()
Job Title	Name of Supervisor	Employed (Month and Year) From: To:	
Describe your work		Weekly Pay Start: End:	
May we contact this Employer? If not, why? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving.	
Explain what you liked about this job. Explain what you did not like about this job.			
2	Company Name and Address		Phone ()
Job Title	Name of Supervisor	Employed (Month and Year) From: To:	
Describe your work		Weekly Pay Start: End:	
May we contact this Employer? If not, why? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving.	
Explain what you liked about this job. Explain what you did not like about this job.			
3	Company Name and Address		Phone ()
Job Title	Name of Supervisor	Employed (Month and Year) From: To:	
Describe your work		Weekly Pay Start: End:	
May we contact this Employer? If not, why? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving.	
Explain what you liked about this job. Explain what you did not like about this job.			
Personal Reference			Phone
Name:			()

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement or omission of fact on this application may result in immediate termination of employment. I authorize the refernces listed above to give you any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability from any damage that may result from furnishing the same to you. I acknowledge that if I become employe I will be free to terminate my employment at any time for any reason and California Tortilla retains the same rights. No California Tortilla representative has the authority to make any contrary agreement.

Signature

Date