

# El Charro Cafe' Application for Employment

An Equal Opportunity Employer

<b>Personal Information</b>		Date	
Name (Last, First and Middle)		Social Security #	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number	E-Mail Address		

<b>Employment Desired</b>			
Position	Date You can Start	Are You Authorized to work in the United States?	Yes      No
Are you Currently Employed?	Yes      No	If so, may we inquire of your present employer?	Yes      No
Have you or someone close to you worked for El Charro before?	Yes      No	Where?	When?

<b>Education Information</b>		Did you Graduate?	Subjects Studied?
High School			
College			
Trade, Business or Other			

<b>General Information</b>	
Subjects of Special Study/Research work or Special Training/Skills	
Alcohol/ServSafe Certified?	When
U.S. Military Service	Rank

<b>Former Employers</b>				
Dates Employed	Name & Address	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

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## The Questions

What is your favorite part about living in Tucson?
Tell us about your Favorite Foods and Restaurants in Tucson or anywhere else.
Tell us what you know about El Charro?
Anything else you would like us to know about yourself? Hobbies, skills, etc.

## References

Please give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Known

## Authorization

I hereby state that all information that I provide on this Application and in my interview is true and accurate. I am aware that false statements, misrepresentations of fact, or material omissions may be sufficient to disqualify me for employment, or if hired, may result in my termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

If employed, I understand that I will be required to provide proof of identity and legal work authorization.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_