



NICHA'S COMIDA MEXICANA

Application for Employment (Page 1 of 4)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

****Please Print Clearly****

Position(s) applied for: _____ Date: _____

How did you find out about this job? Newspaper Employee Walk-In Relative Website Other _____

Why are you seeking a new job at this time? _____

APPLICANT INFORMATION

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City/State/Zip: _____ Phone: (____) _____

If hired, do you have a reliable means of transportation to get to work? _____ Describe: _____

Are you at least 18 years old? Yes No If you are under 18 years of age, can you furnish a work permit? Yes No

If the job you are applying for requires driving, include Driver's License No. _____

State _____ Expiration Date _____

Are you legally eligible for employment in the U.S.? Yes No

(Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime? Yes No If yes, state the nature of the offense and disposition of the case.

Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Are you a veteran? Yes No If yes, give dates of service: From _____ To _____

List any special skills or training: _____

EMPLOYMENT INFORMATION

Are you seeking full-time, part-time or temporary employment? _____

What hours and shift(s) would you prefer to work? _____

List times you are not available to work. _____

Are you willing to work overtime? _____ Weekends? _____ Holidays? _____



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Are you currently employed? Yes No If hired, when would you be able to start? _____

Have you ever worked for Nicha's Comida Mexicana before? Yes No If yes, name used: _____

List any friends or relatives employed by Nicha's Comida Mexicana. _____

Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe. _____

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? Yes No Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need: _____

EDUCATION (Mark highest level achieved)

Elementary and Middle School: 1 2 3 4 5 6 7 8
Name of School: _____ Location: _____

High School: 9 10 11 12 GED
Name of School: _____ Location: _____
Date of Graduation or GED (if applicable): _____

Have you completed college? Yes No Currently Enrolled
Degree and Major: _____
Name of College: _____ Location: _____
Date of Graduation (if applicable): _____

If you are currently in high school, are you enrolled in a recognized co-op program? Yes No
If yes, identify program and school: _____



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WORK HISTORY (List most recent job first)

Company: _____ Phone (with Area Code): (____) _____

Address _____ City/State/Zip: _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title: _____ Supervisor's Name and Title: _____

Describe job duties: _____

Specific reason for leaving: _____

Company: _____ Phone (with Area Code): (____) _____

Address _____ City/State/Zip: _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title: _____ Supervisor's Name and Title: _____

Describe job duties: _____

Specific reason for leaving: _____

Company: _____ Phone (with Area Code): (____) _____

Address _____ City/State/Zip: _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title: _____ Supervisor's Name and Title: _____

Describe job duties: _____

Specific reason for leaving: _____



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AUTHORIZATIONS AND AT-WILL EMPLOYMENT AGREEMENT *(Please read carefully, then sign and date below.)*

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify Nicha's Comida Mexicana if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize Nicha's Comida Mexicana to make an investigation of all information contained in this employment application, and I release from liability all companies and corporations supplying such information. I understand any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to Nicha's Comida Mexicana, and do hereby release my current and former employers from liability for providing information to Nicha's Comida Mexicana. Upon termination of my employment for whatever reason, I release Nicha's Comida Mexicana from all liability for supplying any information concerning my employment to any potential employer.

I authorize Nicha's Comida Mexicana, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative report deemed necessary through various third-party sources. As required by law, upon request and within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by Nicha's Comida Mexicana at any time thereafter. If requested, I will take a post-job offer physical examination. In the event I receive medical treatment for any job-related condition, including a physical, psychological, emotional or psychiatric condition, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract between Nicha's Comida Mexicana and me. In addition, I understand and agree that if you employ me, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status, and such a change may only be done in writing. I have read, understand and agree to the above.

Signature: _____

Name (please print): _____ Date: _____