



APPLICATION FOR EMPLOYMENT

DATE _____

NAME (LAST NAME FIRST)

SOCIAL SECURITY NO.

PHONE NO.

_____ (____) _____

REFERRED BY

PREFERRED NEATO BURRITO STORE LOCATION(S)

POSITION DESIRED

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW

IF SO, MAY WE INQUIRE OF
YOUR PRESENT EMPLOYER

ARE YOU LEGALLY AUTHORIZED
TO WORK IN THE U.S.?

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL

NUMBER OF YEARS
ATTENDED

DID YOU GRADUATE

HIGH SCHOOL _____

COLLEGE _____

OTHER EDUCATION _____

WORK HISTORY (LIST YOUR LAST THREE EMPLOYERS. START WITH THE MOST RECENT)

DATE, MONTH
AND YEAR

NAME AND CITY AND STATE
OF EMPLOYER

SALARY

POSITION

REASON
FOR LEAVING

FROM _____ TO _____ _____

FROM _____ TO _____ _____

FROM _____ TO _____ _____

REFERENCES LIST THREE WORK REFERENCES BELOW (MANAGER NAMES PREFERRED)

NAME

PHONE NUMBER(S)

BUSINESS

QUESTIONS

OUT OF THE ABOVE LISTED JOBS, WHICH WAS YOUR FAVORITE AND WHY?

DURING YOUR LAST PERFORMANCE REVIEW, WHAT WAS MENTIONED ABOUT HOW YOU COULD IMPROVE?

WHAT ABOUT YOUR CHARACTER MAKES YOU A GOOD CANDIDATE FOR THIS JOB?

WHAT SITUATIONS KEPT YOU FROM FULFILLING YOUR JOB DUTIES OR FROM COMING TO WORK ON TIME AT YOUR LAST JOB?

DESCRIBE A RECENT PROBLEM YOU HAD WITH ONE OF YOUR MANAGER'S DECISIONS AND HOW YOU HANDLED IT?

TELL US ABOUT YOUR MOST FRUSTRATING WORK EXPERIENCE AND HOW YOU HANDLED IT?

GIVE TWO EXAMPLES OF WHEN YOU DID SOMETHING AT A JOB WITHOUT BEING ASKED?

IN A SITUATION WHERE SOMEONE WHO IS RELEAVING YOU IS LATE FOR HIS/HER SHIFT, HOW WOULD YOU RESPOND?

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

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 any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage 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 specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I also understand and agree that if employed by the company, that employment will at all times be at-will and that the applicant/employee can be terminated for any reason or no reason, and at any time.

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."

DATE _____ SIGNATURE _____