

Date _____



Please email it to vcarranza@eljalisco.com once you fill this form

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability or veteran status.

Contact Information

Full Name _____
First name Middle I. Last name

Street Address _____

City _____ State _____ zip code _____

Telephone _____ social security _____

What position did you apply for?

How did you hear about this opening?

When can you start? _____

Are you a u.s. Citizen or otherwise authorized to work in the u.s. On an unrestricted basis? (you may be required to provide documentation.) ☐ yes ☐ no

How many shifts would you like per week? _____

Are you willing to work swing shift? _____

Are you willing you willing work graveyard? _____

Have you ever committed a felony? _____

If yes, please describe conditions.

Highest level of education? _____

In addition to your work history, are there other skills, qualifications, or experience that we should consider? (please be specific)

Employment history

Company name _____

Address _____

Telephone _____

Date started _____ Starting wage _____

Starting position _____ Date ended _____

Ending wage _____ name of supervisor _____

Responsibilities _____

Reason for
leaving _____

Company name _____

Address _____

Telephone _____

Date started _____ starting wage _____

Starting position _____ date ended _____

Ending wage _____ name of supervisor _____

Responsibilities _____

Reason for leaving _____

Required: (*resume with headshot*)

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time. With or without a reason prior notice, and for any reason not prohibited by the statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ date _____