

Taco Alley

Application for Employment

Date: _____/_____/_____

Name: _____ SSN _____

Present Address: _____

Permanent Address: _____

Telephone: _____ Emergency Telephone: _____

Are you 18 years of Age or older? _____yes _____no

Are you prevented from lawfully becoming employed in this country because of immigration status? _____

Have you ever been convicted of a Crime? Yes or No If yes please explain:

Are you employed now? _____ Date you can start? ____/____/____

May we inquire of present employer? _____ Salary Desired: _____

Referred by: _____

Have you ever worked for this company before? _____ When? _____

Education:

High School _____ City/St _____ Graduated? _____

College: _____ City/St _____ Graduated? _____

Trade/Bus. _____ City/St _____ Graduated? _____

Special Skills: _____

U.S. Military Service: _____

Past Employment:

From	To	Company/Location/Phone	Position	Reason for Leaving

References: Give the Names of three persons not related to you, whom you have know for at least a year.

Name/Business	Address	Phone	Years Acquainted

In case of emergency notify: _____

Address: _____ Phone: _____

I certify that all the information submitted by me on this application is true and complete and I understand that if I give any false information, omissions or misrepresentations are discovered. My application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations. And I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice. At any time by the company, I understand that no company representative other than its president and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Date: ____/____/____ Signature of Applicant_____

I am available to work on the following days/hours: (check anytime or write time available)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Anytime							

All persons are required to furnish health condition information and if necessary, submit to an examination by a company-designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability.

These questions pertain only to the essential functions of the job:

1.) Do You have any condition or have you sustained any injury that would have an effect on your capacity to perform the duties of this position with or without reasonable accommodation.	Yes	No
Can you Perform the following Tasks?	Yes	No
2.) Stand for long periods of time during your shift?	Yes	No
3.) Bend and stoop for long periods of time during the day?	Yes	No
4.) Lift and/or carry up to 50 pounds or more if required during your shift?	Yes	No
5.) Work around dust and debris and wear a respirator if required?	Yes	No
6.) Wear proper safety equipment-goggles, glasses, respirators, etc.?	Yes	No
7.) Grip, grasp, or twist using your hands and wrists regularly during your shift?	Yes	No
8.) Work a ten-hour shift if required?	Yes	No
9.) Reach over your head with 25-35 pound loads during your shift if required?	Yes	No
10.) Understand hazardous communication and safety information?	Yes	No
11.) Do you have back problems or have you sustained any back injuries?	Yes	No
12.) Have you ever had serious wrist problems including carpal tunnel syndrome?	Yes	No

Signature of Applicant: _____ Date: ____/____/____