



EMPLOYMENT FORM For General Restaurant Work

First Name: _____ Last Name: _____ Middle Initial: _____
 Street Address: _____ Apartment Number: _____
 City: _____ Province: _____ Postal Code: _____
 Phone Number: () _____ Cell Number: () _____ Email: _____

Have you ever worked for a Acambaro Mexican Restaurant before? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Are you 16 years of age or over (proof of age or work permit may be required)? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Are you legally able to be employed in this country (if hired, verification will be required by law)? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Which location(s) are you applying to work at: <input type="checkbox"/> 406 N. Bloomington (71-BS), Lowell, AR <input type="checkbox"/> 301 S. Walton Blvd., Bentonville, AR <input type="checkbox"/> 1309 S. Walton Blvd., Bentonville, AR <input type="checkbox"/> 2605 N. Collage Ave., Fayetteville, AR <input type="checkbox"/> 505 Plaza Dr., Monett, MO <input type="checkbox"/> 121 N. Thompson, Springdale, AR <input type="checkbox"/> 215 S. 8th St. (71-BS), Rogers, AR <input type="checkbox"/> 1301 E. Robinson, Springdale, AR <input type="checkbox"/> 1313 W. 7th St, Joplin, MO							
What type of position are you seeking? <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary							
Are you able to meet the attendance requirement of this position? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Total available hours per week: _____	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Date available to start work: _____							

School Name, City, Province	Years Attended	Degree / Courses
Highschool: _____	_____	_____
College: _____	_____	_____
Graduate School: _____	_____	_____
Technical School: _____	_____	_____

List your three most recent employers, beginning with the most recent one.

Company: _____	Address: _____
Job Title: _____	Supervisor: _____ Phone Number: () _____
Date Started: _____	Date Finished: _____ Salary/Wage: Start: _____ (Hour/Week/Year) End: _____ (Hour/Week/Year)
Reason for Leaving: _____	
Company: _____	Address: _____
Job Title: _____	Supervisor: _____ Phone Number: () _____
Date Started: _____	Date Finished: _____ Salary/Wage: Start: _____ (Hour/Week/Year) End: _____ (Hour/Week/Year)
Reason for Leaving: _____	
Company: _____	Address: _____
Job Title: _____	Supervisor: _____ Phone Number: () _____
Date Started: _____	Date Finished: _____ Salary/Wage: Start: _____ (Hour/Week/Year) End: _____ (Hour/Week/Year)
Reason for Leaving: _____	

References (no family members, please)

Name: _____	Relation: _____	Phone Number: () _____	Years Known: _____
Name: _____	Relation: _____	Phone Number: () _____	Years Known: _____

I certify that I have read and fully completed this form and that the information contained herein is correct to the best of my knowledge. I understand that any omission or false information is grounds for dismissal. I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal and otherwise. I understand that as a part of the procedure for any employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. This independent ACAMBARO Mexican Restaurant franchise is an Equal Opportunity Employer. Various federal, provincial, and local laws prohibit discrimination on account of race, colour, religion, sex, age, national origin, disability or veteran's status. It is this franchisees responsibility to comply fully with these laws, as applicable. I acknowledge that I am applying for employment with an independently owned and operated ACAMBARO Mexican Restaurant franchisee, a separate company and employer from Doctor's Associate Inc and any of its affiliates.

Signature _____

Date _____