



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (Nombre)		Date of Birth (fecha de nacimiento)
Current Address - street, city, state, zip code (Corriente Direccion - calle, ciudad, estado, codigo postal)		
Alternate Address - street, city, state, zip code (Direccion Anterior - calle, ciudad, estado, codigo postal)		
Home Phone (Numero de telefono)		Cell Phone/Other Phone (Numero de celular u otro telefono)
Social Security Number (Numero de seguro social)		Referred By (Recomendado por)

EMPLOYMENT DESIRED

Position (Posicion)	Salary Desired (Salario que desea)	Can you legally work in the U.S.? (Puedes trabajar legalmente en U.S.?)	☐ YES ☐ NO		
Are you over 16 years old? (Es usted mayor de 16 anos?)	☐ YES ☐ NO	Are you over 21 years old? (Es usted mayor de 21 anos?)	☐ YES ☐ NO		
Are you currently employed? (Esta empleado actualmente?)	☐ YES ☐ NO	May we contact your present employer? (Podemos comunicarnos a tu trabajo?)	☐ YES ☐ NO		
Have you worked for Barbacoa before? (Anteriormente habias trabajado para Barbacoa?)	☐ YES ☐ NO	Where? (Donde?)	When? (Cuando?)		
When are you available to work? (Cuando tu puedes trabajar?)	Mon (Lunes)	Tue (Martes)	Wed (Miercoles)	Thurs (Jueves)	Fri (Viernes)
	Sat (Sabado)	Sun (Domingo)	How many hours per week would you like to work? (Cuantas horas/semana te gustaria trabajar?)		

EDUCATION HISTORY

Name & Location of School (Nombre y locacion de la escuela)	Years Attended (Anos Cursados)	Did you Graduate? (Se Graduó?)	Subjects Studied (Materia Estudiada)
Grammar School (Primaria)			
High School (Secundaria)			
College (Preparatoria)			
Other (Equivalente)			

GENERAL INFORMATION				
Special Training (Entrenamiento especial)				
U.S. Military Service (Estados Unidos el servicio militar)				Rank (Rango)
FORMER EMPLOYERS				
Date (Fecha)	Date (Fecha)	Name of Employer (Nombre de Empleo)	Salary/Position (Salario/Posicion)	Reason for Leaving (Razon por la que se fue)
From (De)	To (A)			
From (De)	To (A)			
From (De)	To (A)			
From (De)	To (A)			
REFERENCES				
List 3 persons not related to you, whom you have known at least 1 year. (Referencias de 3 nombres de personas que conosca por 1 anos o mas.)				
Name (Nombre)	Phone Number (Telefono)	Business (Actividad que realiza)	Years Known (Anos de conocerlo)	
CRIMINAL HISTORY & DRUG TESTING				
Have you ever been convicted of a Felony? (Alguna vez ha sido condenado por un delito grave?)		☐ YES ☐ NO	Are you willing to authorize a criminal background check? (Estas dispuesto a autorizar una verificacion de antecedentes penales?)	
			☐ YES ☐ NO	
Barbacoa Mexican Grill reserves the right to require pre employment and/or random drug testing and/or alcohol testing by urine analysis/breathalyzer of all employees. Employees may also be tested if involved in any incident where harrasment, damage or an injury has ocured or as requested by management. Are you willing to submit to testing in accordance with the terms listed above? (Esta dispuesto a someterse a pruebas de drogas y alcohol o como lo requiere la gestion Barbacoa?)				
☐ YES ☐ NO				
AUTHORIZATION				
<p>"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.</p> <p>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.</p> <p>I agree to and understand the terms outlined in the "Criminal History & Drug Testing" section of this document and will submit to a background check and/or drug and/or alcohol testing as required by management of Barbacoa Mexican Grill.</p> <p>I also understand and agree that no representative of the company has any authority to entering 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.</p> <p>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."</p>				
Date (Fecha)		Signature (Firma)		