**AZTECA RESTAURANT ENTERPRISES, INC.**
**An Equal Opportunity Employer**
**Application for Employment**

Name _____
Social Security Number _____ Phone Number _____
Address _____
Street City State Zip
Position Desired _____ Days _____ Nights _____ Start Date _____
Are you employed now? _____ May we contact your current employer? _____ Past employer? _____
Are you authorized to work in the U.S.?_____

## Education & Training

| | Name & Location of School | Years Complete | Did you Graduate? | Major |
|---|---|---|---|---|
| High School | _____ | _____ | _____ | _____ |
| College | _____ | _____ | _____ | _____ |
| Additional Training | _____ | _____ | _____ | _____ |

What languages do you speak fluently?

_____

What language is your preferred language for written and oral training?

_____

## Work Experience

| Dates Employed | Name of Supervisor & Phone # Or Name & Address of Employer | Salary | Position | Reason for Leaving |
|---|---|---|---|---|
| 1. _____ | _____ _____ | _____ | | _____ |
| 2. _____ | _____ _____ | _____ | | _____ |
| 3. _____ | _____ _____ | _____ | | _____ |

**Business or Professional References (Not Personal)**

(List the names of two persons not related to you, whom you have known at least one year)

| | Name | Address & Phone Number | Business | Years Acquainted |
|---|---|---|---|---|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |

Have you been convicted of a felony that relates to the position you are applying for in the last 10 years?_____ If yes, state details and dates: _____

(A "Yes" answer does not exclude you from consideration for employment)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired. I hereby agree to submit to any lawful drug, polygraph, integrity, or skill testing that may be required as a condition of employment or continued employment and understand that unless other wise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I further agree to submit to search of my person or work area that may be assigned to me and I hereby waive all claims for damages on account of such examination.

I understand that my employment is terminable-at-will, and that this application is not, and is not intended to be, a contract for continued employment.

Signature _____ Date _____