



Application for Employment

Today's Date: ___/___/___

NOTICE TO APPLICANT

Cuca's Mexican Restaurants, Inc. is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin or disability. Reasonable accommodation will be made to ensure all applicants have access to the application process.

The purpose of this application is to gather information about your background, experience, and career plans. We ask for this information to help us understand you, and to determine if you can perform the essential functions of the job(s) for which you are applying. Proof of citizenship or authorization for employment in the U.S. is required.

IDENTIFICATION: Please print and complete all sections.

Name (First, Middle, Last):		Preferred Name:
Present Street Address, City, State, ZIP:		Telephone: ()
Position Applied For:	Email:	
Specify Hours Available: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____	Date Available to Start: ___/___/___	Available For: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Emergency Contact: Name: _____ Relationship: _____ Telephone: (____) _____		

EDUCATION:

INSTITUTION NAME:	Graduated		DEGREE RECEIVED	MAJOR/MINOR of AREA OF STUDY	GPA
	Yes	No			
High School					
College					
College					
Other					

GENERAL INFORMATION:

• Are you age 18 or older?	YES	NO
• Can you provide documents of proof of your citizenship or authorization to work in the United States?	YES	NO
• Do you own or have regular access to a reliable car that is properly insured?	YES	NO
• Do you have a current CA driver's license?	YES	NO
• How were you referred to the company? _____ By whom? _____		
• Have you ever been convicted of a felony? (Do not disclose convictions that were sealed, eradicated, or expunged)	YES	NO



REFERENCES: List individuals personally acquainted with your performance.

NAME	TITLE	NAME OF ORGANIZATION	PHONE NUMBER

EMPLOYMENT HISTORY: List your employment history beginning with the **most recent employment first**. Complete this section in addition to any resume you may send.

1	Company Name	Telephone: ()
	Address	Employed – (State month and year) From ___/____/____ To ___/____/____
	Name of Supervisor	
	State Job Title and Responsibilities	Reason for Leaving
	May we contact this employer? YES NO	Are you eligible to be rehired? YES NO

2	Company Name	Telephone: ()
	Address	Employed – (State month and year) From ___/____/____ To ___/____/____
	Name of Supervisor	
	State Job Title and Responsibilities	Reason for Leaving
	May we contact this employer? YES NO	Are you eligible to be rehired? YES NO



3	Company Name	Telephone: ()
	Address	Employed – (State month and year) From ___/___/___ To ___/___/___
	Name of Supervisor	
	State Job Title and Responsibilities	Reason for Leaving
	May we contact this employer? YES NO	Are you eligible to be rehired? YES NO

4	Company Name	Telephone: ()
	Address	Employed – (State month and year) From ___/___/___ To ___/___/___
	Name of Supervisor	
	State Job Title and Responsibilities	Reason for Leaving
	May we contact this employer? YES NO	Are you eligible to be rehired? YES NO



CONFIDENTIALITY:

If hired by the Cuca's Mexican Restaurants, I agree to the following:

The Company (Cuca's Mexican Restaurants, Inc.) is engaged in a highly competitive business. If hired, you will have access to information relating to the Company's business that provides the Company with a competitive advantage which the Company has taken steps to protect, that is not generally known by persons not employed by the Company and that could not easily be determined or learned by someone outside of the Company (collectively "Confidential Information") Such Confidential Information includes, but is not limited to the identity, characteristics and preferences of the Company's customers, financial, sales and marketing information, pricing, inventions, plans, intangible property rights and other methods of doing business, whether or not marked as confidential or secret.

You therefore agree that if hired, by the Company that you will not disclose such Confidential Information and to safeguard such Confidential Information, and you will not directly or indirectly use or disclose such Confidential Information except as may be necessary in the good faith performance of your duties to the Company. You acknowledge that all records, files, memoranda, documents, reports and other written, printed, or recorded materials and data, regardless of data storage method (collectively, "Documents") received, created or used by you during the course of your work with the Company will remain the sole property of the Company and will be returned by you to the Company promptly upon request from the company. You will not during or after the performance of your work disclose those Documents or any of the information contained in such Documents to anyone outside of the Company or use any of such Documents for any purpose other than the advancement of the Company's interests.

DISCLOSURE AND AUTHORIZATION:

I understand that false information or the omission of information on this application or in the application process, including the physical ability assessment (as permitted by law), constitutes grounds for termination of employment.

In making this application for employment, I understand, that an investigation may be made whereby information is obtained through personal interviews with my former employer(s), teacher(s), and others with whom I am acquainted. A criminal and credit inquiry may also be conducted during the application process, for which you will be required to sign a separate consent form. I agree to conform to the rules and regulations of the Company, and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either the option of the Company or myself. I understand that no manager or representative of the Company has any authority to enter into any agreement for my employment for any specified period of time, or to make any agreement contrary to the foregoing.

As a condition of my employment by the Company, I hereby consent to provide samples of my blood, hair, and/or urine for analysis when reasonably requested during the course of my employment (where permitted by law). I understand that any offer of employment by any agent of the Company is conditional upon the completion of the entire application process including but not limited to an interview, drug and alcohol testing (where permitted by law), including job related physical ability assessments (as permitted by law) etc.

By signing this application form I acknowledge that I have read and understand fully all the above that I voluntarily give my consent and submit myself to the application process as stated.

Applicant Name: _____

Applicant Signature: _____ **Date:** ____/____/____