



Dear Applicant,

Welcome to Pablo's Restaurant and Cantina. Prior to completing the application for employment please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service, and attention for our guest.

We want you to understand that we also believe in living our values, some of which are:

- We believe that good enough isn't good enough.
- We believe in doing business in a professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- We believe in providing legendary service – the unique and powerful sort of personal care and attention that our guests tell stories about.
- We believe that everyone is capable of being an A+ Player.

If this feels like an environment for you, please complete the application.

Contact: [pablosrestaruantandcantina@gmail.com](mailto:pablosrestaruantandcantina@gmail.com)

131 E Fate Main Place Suite 106 Fate, TX 75087

469-887-0672



**Pablo's Restaurant and Cantina – Application for Employment**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**\*\*\*PLEASE PRINT CLEARLY\*\*\***

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you find out about this job? \_\_\_ Newspaper \_\_\_ Employee \_\_\_ Walk-in \_\_\_ Relative \_\_\_ Other

Why are you currently seeking a new job? \_\_\_\_\_

**Applicant Information**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ Social Security NO. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work? \_\_\_\_\_ Describe \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ If you are under 18 years of age, can you furnish a work permit? \_\_\_\_\_

If the job you are applying for requires driving: Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration: \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_ (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime? \_\_\_ Yes \_\_\_ No If yes state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Are you a veteran? \_\_\_\_\_ If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List any special skills or training: \_\_\_\_\_

**Employment Information**

Are you seeking full time, part time or temporary employment? \_\_\_\_\_

What hours and shift(s) would you prefer to work? \_\_\_\_\_

List times you are not available to work \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_ Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If hired, when would you be able to start? \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

## Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8

Secondary: 9 10 11 12 G.E.D.

College 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

If in high school, are you enrolled in a recognized co-op program? \_\_\_ Yes \_\_\_ No

If yes, identify program and school: \_\_\_\_\_

## Work History (please begin with most recent)

1. Company: \_\_\_\_\_ Phone No. with Area Code: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State/Zip: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_

2. Company: \_\_\_\_\_ Phone No. with Area Code: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State/Zip: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_

3. Company: \_\_\_\_\_ Phone No. with Area Code: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State/Zip: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_

4. Company: \_\_\_\_\_ Phone No. with Area Code: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State/Zip: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_

For references purposes: have you worked for any of these organizations or attended school under a different name? If yes give the name and the organization(s) \_\_\_\_\_

May we contact the employers listed above? \_\_\_ Yes \_\_\_ No

# Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and maybe justification for any dismissal from employment if discovered later. I agreed to immediately notified this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorized and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from ability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicles driving record, and any other investigative report deemed necessary through various third-party sources. Required as required by law, upon request within a reasonable period, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job related. I hereby authorize a limited release an exchange of such medical information relating to my condition between the treatment provider and a company – designated physician.

## AT-WILL EMPLOYMENT AGREEMENTS

I understand and agree that nothing contained in this application or conveyed during any interview is intended to correct create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's president is authorized to change the employment at will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_