



- *Are you over 18? Yes No
- If under 18, can you furnish a work permit? Yes No
- * Are you 21 or over? Yes No

All offers of employment are subject to verification of your legal right to work in the United States. If offered employment, you will be notified of the proof you must submit to Alondra Hot Wings to establish your right to work in the United States.

PLEASE FURNISH ALL INFORMATION REQUESTED. IT WILL BE TREATED IN CONFIDENCE.
USE A PEN, NOT A PENCIL OR TYPEWRITER.

DESIRED POSITION	DATE AVAILABLE	TODAY'S DATE
FULL NAME FIRST MIDDLE LAST	<input type="checkbox"/> Have you used any other assumed name or other name? (Please list on next line below)	

OTHER NAMES THAT I AM KNOWN BY _____

SOCIAL SECURITY NUMBER (OPTIONAL) _____ TELEPHONE NUMBER _____

PRESENT ADDRESS	STREET & NUMBER	CITY & STATE	ZIP CODE
PREVIOUS ADDRESS, IF LESS THAN ONE YEAR	STREET & NUMBER	CITY & STATE	ZIP CODE

IF YOU ARE A MINOR, PLEASE LIST THE NAME(S) AND ADDRESS OF YOUR PARENT OR GAURDIAN

CONVICTION OF A CRIME WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.

AS AN ADULT, HAVE YOU EVER BEEN CONVICTED OF ANY FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, WHEN, WHERE, AND FOR WHAT? <small>DO NOT LIST THE FOLLOWING: 1)arrests or detentions that did not result in conviction; 2) Convictions for which the record has been judicially ordered sealed, expunged, or statutonily eradicated; 3) Misdemeanor convictions for which probation has been sucessfully completed or otherwise discharged; 4) Any arrest for which pretrial diversion program has been completed; 5) Any misdemeanor marijuana conviction more than two (2) years old.</small>
PREVIOUS EMPLOYMENT WITH ALONDRA HOT WINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF ANSWER IS YES, STATE WHEN AND WHERE
PREVIOUS APPLICATION WITH ALONDRA HOT WINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF ANSWER IS YES, STATE WHEN AND WHERE

NAMES OF RELATIVES WORKING FOR ALONDRA HOT WINGS RESTAURANTS OR CURRENT EMPLOYEES YOU MAY KNOW		
NAME	OCCUPATION	LOCATION

WHO REFERRED YOU FOR A POSITION WITH ALONDRA HOT WINGS?

ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? Yes No

DO YOU HAVE ANY TATTOOS THAT WILL BE VISIBLE WHILE WEARING ALONDRA HOT WINGS ATTIRE? Yes No

EDUCATION & TRAINING - PRE-EMPLOYMENT (INCLUDE CURRENT COURSES, IF ANY, THAT MAY BE APPLICABLE)

SCHOOL	NAME AND LOCATION	YEARS ATTENDED	GRAD?	DEGREE, SPECIAL COURSES
HIGH SCHOOL		(Not necessary for High School)	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
BUSINESS OR TRADE			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
GRAD SCHOOL			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

Alondra Hot Wings Restaurants are open seven (7) days a week. Are you available to work all days and all shifts? Yes No
If No, please list the days and times you are available: _____

WHAT SKILLS AND EXPERIENCE CAN YOU BRING TO THIS POSITION, WHICH YOU FEEL MAY BE HELPFUL?

* Answer only if a box has been checked to designate question. This question will be asked only if law requires that you be of minimum age for the position for which you are applying.

IMPORTANT
PLEASE FILL OUT "PREVIOUS EMPLOYMENT"
SECTION BELOW COMPLETELY. INCLUDE
COMPLETE ADDRESSES WITH ZIP CODES.

PREVIOUS EMPLOYMENT

MAY WE CONTACT YOUR PREVIOUS, AND/OR, PRESENT EMPLOYER?

YES NO

PERIOD OF EMPLOYMENT	NAME AND FULL STREET ADDRESS OF EMPLOYER & PHONE NUMBER	DESCRIBE IN DETAIL YOUR DUTIES, RESPONSIBILITIES, ETC.	HOURLY WAGE	OFFICE USE ONLY
POSITION			BEGINING	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	
From: Mo: Year:			ENDING	
To: Mo: Year:	YOUR IMMEDIATE SUPERVISOR	REASON FOR LEAVING	\$	
POSITION			BEGINING	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	
From: Mo: Year:			ENDING	
To: Mo: Year:	YOUR IMMEDIATE SUPERVISOR	REASON FOR LEAVING	\$	
POSITION			BEGINING	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	
From: Mo: Year:			ENDING	
To: Mo: Year:	YOUR IMMEDIATE SUPERVISOR	REASON FOR LEAVING	\$	
POSITION			BEGINING	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	
From: Mo: Year:			ENDING	
To: Mo: Year:	YOUR IMMEDIATE SUPERVISOR	REASON FOR LEAVING	\$	

I agree that:

- 1) Any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or for separation from the company's service if i have been employed.
- 2) If employed, my employment may be terminated by the company or me at any time without prior notice and with or without cause. I understand that any agreement contrary to the foregoing must be in writing and signed by the President of the company in order to be valid.
- 3) You may request each employer, person, company or school names above to answer all questions that may be asked and to give all information that may be sought in connection with this application or concerning me or my work habits, character, skill or action in any transaction.

I certify that all statements made in this application are true _____

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE