



ALONDRA'S

Craft American Eatery

Application For Employment

- *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				

TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
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PRESENT ADDRESS	STREET & NUMBER	CITY & STATE	ZIP CODE
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PREVIOUS ADDRESS, IF LESS THAN ONE YEAR	STREET & NUMBER	CITY & STATE	ZIP CODE
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IF YOU ARE A MINOR, PLEASE LIST THE NAME(S) AND ADDRESS OF YOUR PARENT OR GAURDIAN

EMAIL:	
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PREVIOUS EMPLOYMENT WITH ALONDRA HOT WINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF ANSWER IS YES, STATE WHEN AND WHERE
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PREVIOUS APPLICATION WITH ALONDRA HOT WINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF ANSWER IS YES, STATE WHEN AND WHERE
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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

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