



631 Foothill Boulevard, La Canada, CA 91011

Thank you for applying at Los Gringos Locos. We are looking for fantastic team members to join us to create excellent experiences for our guests and an enjoyable fulfilling place to work.

**Please follow these directions**

- Print this form and complete it with pen.
- Bring this completed and signed form to the restaurant between 2-4 pm.
- When you arrive ask for the manager on duty and give them your form.
- You may or may not be interviewed when bringing this application.

# APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, it is this company's intention to consider all applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, the presence of non-job related medical conditions or any other protected classification.

**Please Print Clearly**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

FIRST

MIDDLE

LAST

(NICKNAME)

Address: \_\_\_\_\_

ADDRESS

CITY

STATE

ZIP

Phone:

Email:

Best way to contact you?

Phone

Text

Email

No Preference

**Can you provide proof that you are over 18 years old?**

YES

NO

**Can you provide proof that you are over 21 years old?**

YES

NO

**Are you authorized to work in the United States and can you provide documentation of your legal right to work?**

YES

NO

**Do you have reliable transportation to meet any scheduled shift?**

YES

NO

**Is there any reason why you could not perform all physical aspects of this job? (Including the ability to lift up to 50 lbs.)**

YES

NO

# EMPLOYMENT EXPERIENCE

Company \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

What did you learn working there? \_\_\_\_\_

Company \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

What did you learn working there? \_\_\_\_\_

Company \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

What did you learn working there? \_\_\_\_\_

## HOURS

Date that you are able to Start: \_\_\_\_\_

Which do you prefer? (circle one)

FULL TIME

PART-TIME

If part time, about how many hours per week? \_\_\_\_\_

Please circle the shifts that you are available to work.

Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM
N/A	N/A	N/A	N/A	N/A	N/A	N/A

## LOS GRINGOS

Do you have a relative or friend working for Los Gringos Locos? YES NO

If yes, who and what is their position? \_\_\_\_\_

Have you ever been employed by Los Gringos before? YES NO

If yes, from when to when did you work here? Reason For Leaving: \_\_\_\_\_

I certify the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for my immediate discharge. I understand that any offer of employment is contingent upon my passing a prescribed physical examination, proving my identity and documenting my right to work. I understand these policies cannot be changed except in writing.

DATE: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_

If employed by the company, I understand that I will be an employee at will and that my employment at Los Gringos Locos may be terminated at anytime by myself or my employer for any reason whatsoever.