

FAUSTO'S FOOD PALACE, INC. - EMPLOYMENT APPLICATION

Fausto's Food Palace, Inc. is an EQUAL OPPORTUNITY EMPLOYER. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital/domestic partner, veteran or any other legally protected status.

PLEASE PRINT

Position(s) Desired:			Date of Application
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Desired Salary / hourly Rate Are you able to provide proof of your eligibility to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been employed with us before? If yes, please give dates. Yes <input type="checkbox"/> No <input type="checkbox"/> Dates:		
Have you ever completed an application with us? If yes, please give dates. Yes <input type="checkbox"/> No <input type="checkbox"/> Dates:			

Last Name,	First Name,	Middle Name
Street Address	City,	State Zip Code
Home Telephone	Cell Telephone	Social Security Number

EDUCATION

Name & Location of High School	Years Completed	Diploma / Degree
Name & Location of College		
Name & Location of Trade or Business School		
Other (Please Specify)		

EMPLOYMENT HISTORY

Begin with your present employer & include the previous five years of work history. If additional space is needed, please attach employment information on a separate sheet of paper. Any/all gaps in employment history must be explained.

1.

Name of Employer	Dates Employed		Work Performed
	From	To	
Address			
Supervisor	Telephone Number	Hourly Rate	
		Starting Final	
Reason for Leaving			

2.

Name of Employer	Dates Employed		Work Performed
	From	To	
Address			
Supervisor	Telephone Number	Hourly Rate	
		Starting Final	
Reason for Leaving			

3.

Name of Employer	Dates Employed		Work Performed
	From	To	
Address			
Supervisor	Telephone Number	Hourly Rate	
		Starting Final	
Reason for Leaving			

ADDITIONAL INFORMATION

Summarize special job related skills and qualifications acquired from previous employment or other activities that would be beneficial in considering you for a position with Fausto's.

SECURITY & BACKGROUND INFORMATION

Have you ever been convicted of a Felony or Misdemeanor? No Yes If Yes, please explain:

Have you ever been asked to resign or been terminated by a previous employer? No Yes If Yes, please explain:

Have you been ever bonded? No Yes Have you ever been refused bonding? No Yes If Yes, please explain:

Are you willing to submit to a pre-employment drug screen and background investigation? No Yes

APPLICANT STATEMENT & AUTHORIZATION

This application for employment shall be considered active for a period of thirty days and will remain on file for one year from the date it was completed. Applications must be complete, signed and dated in order to be accepted and considered.

I certify that the answers provided on this employment application are true and complete. I authorize investigation of all statements contained in this application for employment, as necessary, in arriving at an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law or written agreement from the General Manager, any employment relationship with Fausto's Food Palace, Inc., is considered to be "At Will" in nature, meaning that as an Associate, I may resign at any time or my employment may be terminated at anytime with or without cause.

I understand that as a condition of employment, I am subject to the satisfactory completion of a pre-employment drug screen and security / background investigation. I acknowledge that I meet the minimum age requirements for the position I am applying for, as required by law.

If I become an Associate of Fausto's Food Palace, Inc., I understand that I am subject to immediate termination if any information on this application has been falsified, regardless of the date it is discovered. I hereby waive my rights to a jury trial in any employment dispute with Fausto's Food Palace, Inc. and agree to settle any disputes through mediation and finally by arbitration. Furthermore, if employment is extended, I agree to abide by all policies and procedures set forth by the company.

Signature

Date

HUMAN RESOURCES USE ONLY

Date(s) Contacted: _____

Date Interviewed: _____ Interviewer: _____

Employment Date: _____ Disposition: _____