

## ALACRUZ GRILL EMPLOYMENT APPLICATION



*ALACRUZ Grill is an Equal Employment Opportunity employer. Employment decisions are not based on race, color, religion, ancestry, sex, pregnancy, national origin, age, disability, genetic information, marital status, military status, sexual orientation, or any other factor protected by federal, state, or local law.*

**Please fill out all of the sections below:**

### **Applicant Information:**

**Applicant Name:** \_\_\_\_\_  
**Applicant Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Date of Application:** \_\_\_\_\_

### **Employment Position**

**Position(s) applying for:** Server, Host/Hostess, Busser/Server Assistant, Dishwasher/Prepcook, Line Cook, Sous Chef, Executive Chef/Kitchen Manager, FOH Manager

How did you hear about this position?  
\_\_\_\_\_  
What Days are you available to work? \_\_\_\_\_  
What hours or shift are you available for work? \_\_\_\_\_  
If needed are you available to work overtime? \_\_\_\_\_  
On what date can you start working if you are hired? \_\_\_\_\_  
Do you have reliable transportation to and from work? \_\_\_\_\_

## ALACRUZ GRILL EMPLOYMENT APPLICATION



### Personal Information

Have you ever applied to or worked for ALACRUZ Grill? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, When? \_\_\_\_\_

Do you have any friends, relatives or acquaintances working for ALACRUZ Grill? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes state name and relationship: \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a U.S. Citizen or approved to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

### Personal Information Cont.

What document can you provide as proof of citizenship or legal status?  
\_\_\_\_\_

Will you Consent to a mandatory drug test? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any condition which would require job accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes Please describe accommodations required below.  
\_\_\_\_\_

Have you ever been convicted of a felony offense (felony or misdemeanor)? Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, please state the nature of the crime(s), when, and where convicted and disposition of the

### Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

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## Education and Training

### High School

Name	Location(City,State)	Year Graduated	Degree Earned

### College/University

Name	Location(City,Stste)	Year Graduated	Degree Earned

### Vocational School/Specialized Training

Name	Location(City,State)	Year Graduated	Degree Earned

### Military

Are you a member of the Armed Services? \_\_\_\_\_ What Branch?  
\_\_\_\_\_

What was your Military Rank when discharged? \_\_\_\_\_ How many years did you  
serve? \_\_\_\_\_

What military Skills do you possess that would be an asset for this position?

### Previous Employment

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

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

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

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## ALACRUZ GRILL EMPLOYMENT APPLICATION



**Employer Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Employer Telephone:** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

### References

Please provide (3) personal and professional reference(s) below:

Reference	Contact Information

### AT-WILL EMPLOYMENT

The relationship between you and the ALACRUZ Grill Restaurant is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the ALACRUZ Grill Restaurant. No representative of ALACRUZ Grill has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is at will and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Companies President.

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