

# EMPLOYMENT APPLICATION FOR EL PUEBLO, INC.

www.AlarconRestaurants.com



**Antigua Real Restaurant**  
355 Bay View Road  
Mukwonago, WI 53149  
(262) 363-3355



**Señor Tomás Restaurant**  
150 North Avenue  
Hartland, WI 53029  
(262) 367-7488



**Taco Amigo Restaurant**  
2104 W. Silvernail Road  
Pewaukee, WI 53072  
(262) 544-0104

## Pre-Employment Questionnaire - Equal Opportunity Employer

**Date:** \_\_\_\_\_ **How were you referred to us:** \_\_\_\_\_

**Personal Information:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

If less than 18 years of age, can you provide a work permit?  Yes  No If no, please explain: \_\_\_\_\_

### Employment Information:

Location applying for: \_\_\_\_\_ Are other locations an option?  Yes  No

Are you legally allowed to work in the United States?  Yes  No Are you employed?  Yes  No

Have you ever worked for this company?  Yes  No If Yes Explain: \_\_\_\_\_

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary desired \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Seasonal  Other \_\_\_\_\_

Have you pleaded guilty, no contest or been convicted of a crime?  Yes  No If yes, give dates and details: \_\_\_\_\_

**Education History:**      School      Years Attended      Did you graduate?      Subjects Studied

Grammar School: \_\_\_\_\_

High School: \_\_\_\_\_

College/Technical School: \_\_\_\_\_

**General Information:** Summarize your special skills or qualifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

**Former Employers:** (list below last three employers, starting with last one first)

	<u>Name &amp; Address</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for leaving</u>
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

**References:** (give below the names of four persons not related to you, whom you have know at least one year)

- Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_ Years known: \_\_\_\_\_
- Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_ Years known: \_\_\_\_\_
- Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_ Years known: \_\_\_\_\_
- Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_ Years known: \_\_\_\_\_

**Authorization:** "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE Remarks: \_\_\_\_\_

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