



# Mexican Manhattan Restaurant

An Equal Opportunity Employer

<b>GENERAL INFORMATION</b>	Name (Please Print) Last		First		Middle	
	Present Address (Number and Street)			City, State, and Zip Code		Telephone Number
	Permanent Address (Number and Street)			City, State, and Zip Code		Telephone Number
	Have you ever been convicted, pled guilty, received deferred adjudication or had a conviction set aside in a criminal matter (including offenses for driving while intoxicated or traffic offenses other than non-injury traffic or parking offenses)? <input type="checkbox"/> Yes <input type="checkbox"/> No    (Answering "yes" will not disqualify you from consideration.)					
	Do you have any criminal charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No    (Answering "yes" will not disqualify you from consideration.)					
	Can you submit verification of your legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Position Desired	Minimum Salary Expected	Date You Can Start	Driver's License Number and State	Expiration Date	
<b>MILITARY</b>	Branch of Service	Date Entered Service	Date Discharged	Final Rank	Honors	
<b>EDUCATION</b>	Name of School	Location (City & State)	Dates Attended From / To	Major of Study	Degree	Year of Graduation
	High School					
	College					
	College					
	College (Graduate)					
	Other					
<b>ALCOHOL SALES</b>	Have you worked in a position which required you to sell alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you received certification training in an alcoholic beverage program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you of legal age to sell alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**EMPLOYMENT HISTORY**

**Please list all employment starting with present or most recent employer.**

Full Name of Employer	Position	Date Hired	Major Duties or Responsibilities	Starting Pay
Street Address	Business Telephone	Date Separated		Ending Pay
City, State, and Zip Code	Name of Supervisor	Reason(s) for Leaving		
Full Name of Employer	Position	Date Hired	Major Duties or Responsibilities	Starting Pay
Street Address	Business Telephone	Date Separated		Ending Pay
City, State, and Zip Code	Name of Supervisor	Reason(s) for Leaving		
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City, State, and Zip Code	Name of Supervisor	Reason(s) for Leaving		
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Street Address	Business Telephone	Date Separated		Ending Pay
City, State, and Zip Code	Name of Supervisor	Reason(s) for Leaving		

May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you, or have you been, employed under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been discharged from, asked to resign from, or been terminated from a job?

Yes       No

**READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THE APPLICATION**

I certify that all of the answers provided by me in this application are true and correct, and I understand that any misrepresentation of facts in this application or in any other corporate record of Mexican Manhattan Restaurant will be sufficient grounds for refusal of employment or cause for immediate dismissal without notice if I am already employed by the company. I authorize my former employer(s) and school(s) to provide any information that they may have concerning me, whether or not it is a matter of written record.

If employed, I agree to conform to all policies and procedures of Mexican Manhattan Restaurant and recognize that my employment and compensation can be terminated with or without cause and with or without written notice by either myself or Mexican Manhattan Restaurant. I consent to taking a physical examination, if requested by the company, and any future physical examinations as may be required by Mexican Manhattan Restaurant.

Applicant's Signature	Date
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