



APPLICATION FOR EMPLOYMENT

MI TIERRA RESTAURANT
 A Division of MANTICORE GROUP
 16238 N. Oracle Rd
 Tucson, AZ 85739

www.MiTierraTucson.com
 E-Mail: info@MiTierraTucson.com

The Applicant: We appreciate your interest in our Company and assure you that we are interested in knowing of your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which in our judgment, best meets your qualifications. Please note that this application will only remain active for 12 months, after which you would need to reapply.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight, sexual preference or any other protected status.

WE ARE A DRUG FREE WORKPLACE

PERSONAL

Name: _____, _____, _____ Date of Application _____
 (Last) (First) (Middle)

Address: _____ Telephone # () _____
 (Street) (City), (State), (Zip)

Social Security #: _____ Alternate Tel # () _____

Are you 16 or older? Yes _____ No _____

Are you a U.S. citizen? Yes _____ No _____ If not, do you have the legal right to remain permanently in the U.S.? Yes _____ No _____

Are you authorized to work in the United States? Yes _____ No _____

Have you previously been employed by this company? Yes _____ No _____ If yes, date(s) _____

Have you submitted an application before? Yes _____ No _____ If yes, date(s) _____

Referral Source: Advertisement _____ Employee _____ Friend/Relative _____ Unsolicited _____ Other _____

Name of Source (if applicable) _____

List any friends or relatives working for Mi Tierra Restaurant _____

EMPLOYMENT DESIRED

Position(s) applied for (be specific): _____

Kind of work sought Full-time _____ Part-time _____ Other _____

If part-time, please specify hours and days desired _____

Do you have any special training, skills, qualifications or other experiences that related to the position(s) applied for? _____

Are there any reasons you would have difficulty performing any of the major duties of the job for which you applied? Yes _____ No _____

If yes, please explain _____

Wage Requirements _____ Date available for work _____

EDUCATION

SCHOOL	NAME AND LOCATION	GRADUATED		MAJOR SUBJECTS	GPA
		YES	NO		
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
OTHER (SPECIFY)					

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS: LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM		\$		
TO		Per		
FROM		\$		
TO		Per		
FROM		\$		
TO		Per		
FROM		\$		
TO		Per		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YO HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF EMERGENCY, NOTIFY: _____

ADDRESS: _____

TELEPHONE: _____

MILITARY SERVICE RECORD

Have You had any experience in the Armed Forces of the United States or in a State National Guard? Yes ____ No ____

If yes, what branch? _____ Rank at Discharge: _____

Are you in the reserves? Yes ____ No ____ If Yes, date obligation ends: _____

Special / Technical Training: _____

ADDITIONAL INFORMATION

Have you been convicted of a felony within the last 10 years? Yes ____ No ____

If so, where, when and nature of offense(s): _____

Have you ever been bonded? Yes ____ No ____ Have you ever been denied bond? Yes ____ No ____

Do you have a valid driver's license? Yes ____ No ____ License Number _____

State any additional information that you feel may be helpful to us in considering your application: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. ALL APPLICANTS WILL BE DRUG TESTED!

APPLICANT'S SIGNATURE: _____

DATE: _____