

APPLICATION FOR EMPLOYMENT

Please print and bring in to the store

Applicants will receive consideration without regard to race, color, sex, age, religion, national origin, disability, sexual orientation, veteran status or marital status.

Last Name	First	Middle	Nickname	Today's Date
Street Address				Home Phone
				()
City, State, Zip				Cell Phone
				()
Have you ever applie	ed for employment with C	alifornia Tortilla ?		Social Security Number
□ Yes □ N	No If Yes, month &	year Lo	ocation:	
Position Desired				Pay wanted
Are you legally eligble	e for employment in the	United States?		Location Preference
□ Yes □ N	10			
	convicted of a felony ?	lf yes, explain.		Are you available to work holidays?
🗆 Yes 🗆 N	10			Yes No
When will you be able to begin working? Are you 18 or older?				
				Yes No
Do you have other sp	oecial training or skills (e	.g. language)? Ple	ease explain.	
How did you hear abo	out California Tortilla?			
Do you have any rela	atives working now or in t	the past for California	a Tortilla?	

HOURS AVAILABLE:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?
High School				Yes No
College				
Other Education				

EMPLOYMENT HISTORY

Please give accurate, complete, full-time and part-time record. Start with present or most recent employer. Include military experience if applicable Please include one personal reference.

	Company Name and Addre	SS		Phone		
1						
I				()		
Job Title		Name of Supervisor	Employed (Mor	nth and Year)		
			From:	To:		
Describe your	work		Weekly Pay			
			Start:	End:		
May we contact this Employer? If not, why?			Reason for leav	Reason for leaving.		
Yes			5			
Explain what y	ou liked about this job.					
_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Explain what y	ou did not like about this job					
	Company Name and Addre	20		T		
-	Company Name and Addre	55		Phone		
2				()		
_		Name of Ormania an				
Job Title		Name of Supervisor		onth and Year)		
			From:	To:		
Describe your	work		Weekly Pay			
			Start:	End:		
	ct this Employer? If not, why	?	Reason for leav	aving.		
🔲 Yes						
□ No						
Explain what y	ou liked about this job.					
Explain what y	ou did not like about this job					
_	Company Name and Addre	SS				
2				Phone		
3				()		
Job Title		Name of Supervisor	Employed (Mor	th and Year)		
			From:	, To:		
Describe your	Weekly Pay					
, , ,			Start:	End:		
May we contact this Employer? If not, why? Reason for leave				-		
Yes			ing.			
\square No						
Explain what you liked about this job.						
Typinin yukat yoyu alid met lilan akayut ikin ink						
Explain what y	Explain what you did not like about this job.					
Personal	Phone					
Name:						
name.				()		
	I armotion provided by media (b)	opplication is true, accreate and accreated	to the best of my breadeder.	I()		
i declare the inf	ormation provided by me in this	application is true, correct, and complete	to the best of my knowledge. I un	derstand that it employed , any		

falsification, misstatement or omission of fact on this application may result in immediate termination of employment. I authorize the references listed above to give you any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability from any damage that may result from furnishing the same to you. I ackowledge that if I become employe I will be free to terminate my employment at any time for any reason and California Tortilla retains the same rights. No California Tortilla representative has the authority to make any contrary agreement.