



Employment Application

The information given on this form is solely for the use of Mambo Restaurants and will be held in the strictest confidence. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not obligate the Company in any way.

Date

Please Print

Personal	Last Name	First	Middle	Contact Telephone Number
	Present Address– Street	City, State	Zip Code	Alternate Telephone Number
	Alternate Address– Street	City, State	Zip Code	Email Address
	Referred by:	Date Available for Employment	Are you willing to Work Overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Position (s) Applied For: Server <input type="checkbox"/> Bar Server <input type="checkbox"/> Busser <input type="checkbox"/> Cashier <input type="checkbox"/> Cook <input type="checkbox"/> Cutter <input type="checkbox"/> Dishwasher <input type="checkbox"/> Prep <input type="checkbox"/>	Starting Salary Desired		
	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Eligible to Work in United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Have you previously worked for our company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what dates and which location? _____			
	If no, is there someone employed currently at Mambo who can provide a reference for you? _____			

Must be completed in its entirety, including salary information.

Employment Background	1. Present (or last) Company Name			
	Address	City, State	Phone #	
	Dates: From – To	Starting Base Salary \$	Current Base Salary \$	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Job Title	Supervisor	Reason for Leaving	
	Brief description of duties (include number of persons supervised, if applicable)			
	2. Previous Employer Company Name			
	Address	City, State	Phone #	
	Dates: From – To	Starting Base Salary \$	Ending Base Salary \$	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Job Title	Supervisor	Reason for Leaving	
	Brief description of duties (include number of persons supervised, if applicable)			
3. Previous Employer Company Name				
Address	City, State	Phone #		
Dates: From – To	Starting Base Salary \$	Ending Base Salary \$	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title	Supervisor	Reason for Leaving		
Brief description of duties (include number of persons supervised, if applicable)				

MAMBO RESTUARANTS IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, OR DISABILITY.

Education	Schools Attended and Location	Dates Attended		Major	Type of Degree Diploma or GED Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade Average		Date of Graduation (Mo/ Yr)
		From	To			Overall	Major	
High School								
College								
Special Awards or Recognitions	* If no degree obtained, indicate number of college credit hours completed							

Criminal	Have you ever plead guilty or nolo contendere (no contest), received deferred adjudication, received probation, court ordered community supervision, pre-trial diversion, or been convicted of any criminal offense (felonies and misdemeanors) other than minor traffic citations? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please list the date, nature, locations, and disposition. <hr/>

Skills	List office skills, trades, abilities or license certifications (such as TABC, Food Handler, etc.) that may be beneficial in the job for which you are applying.
	Languages: Are you proficient in English? Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Are you proficient in Spanish? Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>
	Other Languages: Degree of Proficiency: Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>

Availability	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift Please indicate the days of the week and the times of each day that you will be available for work.							
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	AM							
PM								

APPLICANT'S STATEMENT (Applicant must review and sign below.)

I understand any omissions and misrepresentations in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damages whatsoever for issuing this information. I understand the Company is a drug-free workplace and that possessing, using, or being under the influence of illegal drugs or alcohol while at work is grounds for termination. If Company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs upon notification by management. I understand that acceptance of an offer of employment creates no obligation upon Mambo Restaurants to continue to employ me in the future. I understand and acknowledge that any employment relationship with Mambo Restaurants is of an "at will" nature, which means that an Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed except in writing by the Company President. I understand that any dispute arising from this application process will be resolved under Mambo Restaurants' Arbitration Agreement. A copy of this Arbitration Agreement has been made available to me to review and take home with me, if I choose. I waive any right to participate in any class or collective action, in connection with the consideration of my application for employment and, if I am hired, throughout my employment, including the termination thereof. I understand and acknowledge that this application will remain active for no more than 45 days. If I wish to be considered for employment after this 45 day period, I will reapply.

SIGNATURE OF APPLICANT _____ DATE _____

