

Nando's Mexican Café
Application for Employment
Equal Opportunity Employer

Personal Information					
Name			Date		
Present Address		City	State	Zip Code	
Email Address			In Case of Emergency	Emergency #	
Phone Number ()		Referred By			
Employment Desired					
Position		Date you can Start		Salary Desired	
Are You Employed? Yes () No ()		If So, May we inquire of your present employer? Yes () No ()			
Ever Applied To This Company Before? Yes () No ()		Where?	When?		
Education History					
Name and Location Of School		Years Attended	Did You Graduate?	Subjects Studied	
Grammar School					
High School					
College					
Trade, Buisness or Correspondence School					
General Information					
Subjects Of Special Study/Research Work or Special Training Schools					
U.S. Military or Naval Service			Rank		
Former Employers					
(List Below Last Four Employers, Starting with Last One)					
Date Month And Year	Name & Address Of Employer		Salary	Position	Reason For Leaving
From					
To					
From					
To					
From					
To					
From					
To					
References					
Give below The Names of Three Persons not related to You, Whom you have known at least One year.					
Name		Phone	Business	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 and any all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from 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."

Date _____ Signature _____