

SPANGLISH KITCHEN

Employment Application

Location: 526 N. Atlantic Blvd, Alhambra, CA 91801

Date:		Position Desi	red:	Re	Referred by:		
Phone Numbe	r:		Email:				
Name: First		Middle		Last			
Street:		C	ity:		State:	Zip Code	::
Are you over :	L8 years of age?	☐ Yes ☐ I	No If "No," st	ate your da	te of birth:	1	
Do you speak	a language other	than English?	Yes 🗌	No If "Y	es," what lan	guage:	
	u provide proof o	of eligibility to wo	ork in the Unite	ed States pr	ior to your st	art date?	
How far do yo	u live from the lo	cation you are a	oplying for?	(1	miles)		
Do you have t	ransportation to	and from work?	☐ Yes ☐] No			
If hired is ther	e anything that n	nay prevent you f	rom reporting	to work or	time?		
If "Yes", pleas	e explain:						
AVAILABILITY							
When can you start: Note: Must have weekend							end availability
Total hours av	ailable per week		for position consideration				
(Total hours so	cheduled is at the	e discretion of ma	inagement)				
Hours availabl	e:						
Monday	Tuesday	Wednesday	Thursday	Friday	Satu	rday	Sunday



leaving:

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SCHOOL MOST RECENTLY ATTENDED

Name:							
Address:							
Phone:							
Major/ Departmen	t:						
Graduated?	Yes No						
Now Enrolled?	Yes N	0					
EMERGENCY INFO	RMATION						
Person to contact i	in case of emer	gency:					
Name:							
Phone:							
Address:							
Relationship:							
WORK HISTORY Have you held a pr If "Yes," then fill ou		Yes No					
		Workplace #1		Workplace #2			
Company:							
Location:							
Phone:							
Job:							
Supervisor:							
Dates worked:	Start:	End:	Start:	End:			
Hourly Rate:							
Reason for							



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APPLICANT SIGNATURE:

Please read the following paragraphs very carefully before signing this application.

I certify that to the best of my knowledge and belief, the statements made by me in this application are correct and complete without omission of any kind. I understand that any false information I give when applying for employment, whether in the application or otherwise, will cause termination of my employment, regardless of when discovered. You are herby authorized to investigate all the statements made in this application, except for any information about disability and medical conditions or treatment, which is prohibited by the Americans with Disabilities Act. I further agree that I do not have an employment contract and that my employment can be terminated or modified with or without notice or cause at any time by the company or me. If and when employed, in consideration of my employment, I agree to conform to the rules and regulations of Spanglish Kitchen Inc. My employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time at the opinion of Spanglish Kitchen Inc. or myself. Except as otherwise provided by law. I understand that no manager or representative of Spanglish Kitchen Inc., other than the president of Spanglish Kitchen Inc. has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement or contract he foregoing, and the promises to the contrary will only be relied upon by me if they are in writing and signed by the President of Spanglish Kitchen Inc.

Applicant's Signature	Date

Spanglish Kitchen Inc. is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Spanglish Kitchen complies with the applicable state and local laws governing nondiscrimination in employment in every jurisdiction in which it maintains facilities. Spanglish Kitchen also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.