



# RESTAURANT EMPLOYMENT APPLICATION

The law prohibits discrimination of race, color, religion, sex, age, national origin, mental/medical disability and handicap.

Thank you for your interest in Del Taco. Del Taco treats its customers with courtesy and its Team Members with respect, and no one is more important than our customers. All employees are expected to contribute to satisfying our customer's expectations. The tasks necessary to achieve this are varied and some examples include:

- Cooking raw ingredients such as beans, meat or french fries
- Assembling finished product such as tacos, burritos and hamburgers
- Preparing condiments such as tomatoes, onions and lettuce
- Taking orders from customers and serving assembled orders to our customers
- Cleaning and sanitizing the kitchen dining room and restrooms
- Mopping floors, scrubbing walls and disposing of trash
- Exterior maintenance such as picking up debris, scrubbing walkways and washing windows
- Many other tasks necessary to make our Del Taco restaurant enjoyable for our customers

All members of the restaurant team are expected to participate in the tasks necessary to exceed our customer's expectations.

## PERSONAL DATA

NAME (Last, First, Middle)		NAME YOU WISH TO BE CALLED		OTHER NAMES YOU WORKED UNDER	
STREET ADDRESS			HOW LONG AT THIS ADDRESS?	SOCIAL SECURITY NUMBER	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ( ) -		MESSAGE PHONE NUMBER ( ) -
ARE YOU UNDER THE AGE OF 18 ? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S. ? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN:			
ARE THERE TIMES OR DAYS THAT YOU CANNOT WORK? IF SO, DESCRIBE. (SCHEDULED HOURS ARE BASED ON BUSINESS NEEDS)					
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE DESCRIBE. <input type="checkbox"/> YES <input type="checkbox"/> NO					
WHEN ?	WHERE ?	DISPOSITION OF CASE (Convictions are not an automatic disqualification from employment)			
DO YOU HOLD A VALID DRIVER'S LICENSE ?					
STATE:		LIC. #:			
IN WHAT TYPE OF WORK ARE YOU INTERESTED ?			WHEN ARE YOU AVAILABLE TO BEGIN WORK ?		EXPECTED SALARY \$ per
WOULD YOU RELOCATE ? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE GEOGRAPHICAL PREFERENCES ?		HOW WERE YOU REFERRED ?	
HAVE YOU EVER WORKED FOR US BEFORE ? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU FRIENDS OR RELATIVES WORKING FOR US ? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHOM ?

## EDUCATIONAL HISTORY

TYPE OF SCHOOL	NAME OF SCHOOL	CITY AND STATE	MAJOR	CIRCLE NO. OF YEARS COMPLETED	TYPE OF DEGREE EARNED	DATE DEGREE EARNED
HIGH SCHOOL				9 10 11 12		
COLLEGE				1 2 3 4		
OTHER				1 2 3 4		

## MILITARY HISTORY

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES ? <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK AT DISCHARGE	DUTIES:
	DESCRIBE TRAINING RECEIVED	

# EMPLOYMENT HISTORY

**PLEASE READ CAREFULLY:** *Begin with present or most recent employer and list all jobs you have held for at least the past ten years. Include summer and part time jobs. Account for periods of unemployment in space provided.*

1

PERIOD OF UNEMPLOYMENT FROM: _____ TO: _____	HOW DID YOU SPEND THIS TIME ?	
EMPLOYER'S NAME	DATES OF EMPLOYMENT	TITLES / DUTIES:
STREET ADDRESS	FROM: MO. _____ YR. _____	REASON FOR LEAVING:
CITY STATE	TO: MO. _____ YR. _____	
PHONE NO.	WEEKLY SALARY	NAME OF IMMEDIATE SUPERVISOR:
	STARTING SALARY: _____	
	PRESENT/FINAL _____	

2

PERIOD OF UNEMPLOYMENT FROM: _____ TO: _____	HOW DID YOU SPEND THIS TIME ?	
EMPLOYER'S NAME	DATES OF EMPLOYMENT	TITLES / DUTIES:
STREET ADDRESS	FROM: MO. _____ YR. _____	REASON FOR LEAVING:
CITY STATE	TO: MO. _____ YR. _____	
PHONE NO.	WEEKLY SALARY	NAME OF IMMEDIATE SUPERVISOR:
	STARTING SALARY: _____	
	PRESENT/FINAL _____	

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE ?  YES  NO IF NOT, LIST BY NUMBER WHICH ONE(S) YOU DO NOT WISH US TO CONTACT: \_\_\_\_\_

**Please read the following questions and answer to the best of your ability.**

A customer returns to the counter stating that he was shorted one Taco on his order. What do you do? \_\_\_\_\_

As a potential employee of Del Taco, which do you consider most important? Food Quality, Service, or Cleanliness and why? \_\_\_\_\_

While working at Del Taco you observe another employee take \$20 out of the cash drawer and put the money in his pocket. What do you do? \_\_\_\_\_

List 2 personal or school references below.

**PERSONAL REFERENCE:**

NAME OF REFERENCE: \_\_\_\_\_

RELATIONSHIIONSHIP TO YOU \_\_\_\_\_

PHONE # \_\_\_\_\_ BEST TIME TO CALL \_\_\_\_\_

**PERSONAL REFERENCE:**

NAME OF REFERENCE: \_\_\_\_\_

RELATIONSHIIONSHIP TO YOU \_\_\_\_\_

PHONE # \_\_\_\_\_ BEST TIME TO CALL \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.** I CERTIFY THAT ALL ANSWERS OR STATEMENTS I HAVE MADE ON THIS APPLICATION OR ON MY RESUME OR OTHER SUPPLEMENTARY MATERIALS ARE TRUE AND CORRECT WITHOUT OMISSIONS. I ACKNOWLEDGE THAT ANY FALSE STATEMENT OR MISREPRESENTATION ON THIS APPLICATION OR SUPPLEMENTARY MATERIALS WILL BE CAUSE FOR REFUSAL TO HIRE OR FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT AT ANY TIME DURING THE PERIOD OF MY EMPLOYMENT. I AUTHORIZE THIS COMPANY TO CONTACT ANY OF MY PAST EMPLOYERS, EXCEPT AS OTHERWISE INDICATED, AND/OR SCHOOLS AND AUTHORIZE MY PAST EMPLOYERS AND/OR SCHOOLS TO FURNISH ANY INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND/OR EDUCATION. I RELEASE THIS COMPANY AND ALL PERSONS AND ORGANIZATIONS FROM ALL CLAIMS OF LIABILITIES OF ANY NATURE ARISING FROM SUCH INVESTIGATIONS OR THE SUPPLYING OF INFORMATION FOR SUCH INVESTIGATIONS. IN MAKING THIS APPLICATION FOR EMPLOYMENT, I ALSO UNDERSTAND THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS OR OTHERS WITH WHOM I AM ACQUAINTED. THIS INQUIRY MAY INCLUDE INFORMATION ON MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. I UNDERSTAND THAT I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATIVE CONSUMER REPORT.

I HAVE NO OBJECTION TO MAKING APPLICATION FOR A BACKGROUND CHECK, SIGNING AN EMPLOYEE AGREEMENT ON CONFIDENTIAL INFORMATION AND INVENTIONS OR TAKING A PHYSICAL/MEDICAL EXAMINATION AT ANY TIME AT THE OPTION AND EXPENSE OF THE COMPANY. IF HIRED, I WILL BE REQUIRED TO SUBMIT PROOF OF U.S. CITIZENSHIP OR PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES. I UNDERSTAND THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY BE TERMINATED AT ANY TIME BY THE COMPANY OR BY ME, WITH OR WITHOUT CAUSE. I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS AND ACCEPT THE SAME AS CONDITIONS OF EMPLOYMENT.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_