



Chepe's Mexican Grill Application for Employment

Personal Information

Name: _____ Social Security#: _____
First Middle Last

Address: _____ Email Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Are you over the age of 18? Yes No

Are you legally able to work in the United States? Yes No
(Proof of identity and legal authority to work in the U.S. Is a condition of employment)

Position(s) applying for: _____

Starting Wage Expected: _____

Are you seeking *Part Time* (less than 30 hours a week) or *Full Time* (30-40 hours a week) Please circle one

Please put an **X** in the box(es) **you ARE available** to work:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

Have you ever worked for Chepe's Mexican Grill before? Yes No *If yes, when & where?*
 _____ Branch Location Dates

U.S. Military experience: _____

Have you ever been convicted of a crime except traffic violation? Yes No *If yes explain below*

Do you speak any other language? Yes No What language? _____ Speak Fluently Yes No
 Please provide any additional information such as technical skills, leadership positions held, management experience, or other qualifications you feel would be helpful to us in considering you for employment: _____

Education

Type of School	Name of School	Major/ Degree	Last Year Completed	Graduate? Yes No
High School			9 10 11 12	Graduate? Yes No
College			1 2 3 4	Graduate? Yes No
Graduate			1 2 3 4	Graduate? Yes No
Culinary			1 2 3 4	Graduate? Yes No

Prior Work Record

Start with your current or most recent employer. All employment information must be disclosed on this application.

Present Employer: (or most recent)	Dates of Employment: From: _____ To: _____ Month/Year Month/Year	Job Description:
Address:	Starting Wage: Ending Wage:	Average Hours Worked / Week: _____
Job Title:	Reason For Leaving:	Name / Title of Current Immediate Supervisor: _____ Phone # of Supervisor: (____) _____
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Previous Employer:	Dates of Employment: From: _____ To: _____ Month/Year Month/Year	Job Description:
Address:	Starting Wage: Ending Wage:	Average Hours Worked / Week: _____
Job Title:	Reason For Leaving:	Name / Title of Immediate Supervisor: _____ Phone # of Supervisor: (____) _____
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Previous Employer:	Dates of Employment: From: _____ To: _____ Month/Year Month/Year	Job Description:
Address:	Starting Wage: Ending Wage:	Average Hours Worked / Week: _____
Job Title:	Reason For Leaving:	Name / Title of Immediate Supervisor: _____ Phone # of Supervisor: (____) _____
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

References

List only current or former supervisors who are able to comment on your work performance. Please note that we WILL be contacting these references.

Company Name: _____	Supervisor Contact Name: _____	Title: _____
Phone: (____) _____	Secondary Phone #: (____) _____	
Company Name: _____	Supervisor Contact Name: _____	Title: _____
Phone: (____) _____	Secondary Phone #: (____) _____	
Company Name: _____	Supervisor Contact Name: _____	Title: _____
Phone: (____) _____	Secondary Phone #: (____) _____	

Statement

Please read Carefully and sign.

I certify that the facts set forth in my application are true and complete. I understand that, if employed, false statements on this application may result in dismissal. I understand that Chepe's Mexican Grill LLC, may procure an investigative consumer report to conduct a background check to include information as to my character, general reputation, personal characteristics, and mode of living, and that I have the right to, upon written request, a description of the nature and scope of any such investigation. I authorize CMG LLC, to check all personal and employment references and to verify all information I have included on this form. Any information presented in this application that is found to be false is cause for immediate disqualification from employment consideration.

I further understand that employment with CMG LLC is voluntary, that the above form does not constitute a contract of employment, that I have the right to terminate this employment at any time, with or without cause or notice, and that CMG LLC retains a similar right.

I understand that CMG LLC will keep this application on file for one year from the date completed, after which time I will have to reapply.

Signature of Applicant

Date