



4836 N. Armenia Avenue (813) 879-6233
 Tampa, FL 33603 www.mrempanada.com

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (Last, First)		SOCIAL SECURITY NUMBER	
CURRENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NUM	REFERRED BY		

POSITION DESIRED

POSITION	DATE YOU CAN START	DESIRED SALRY
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED TO OR WORKED FOR THIS COMPANY BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDIES OR RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
MILITARY SERVICE	RANK

PREVIOUS EMPLOYMENT (LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATES EMPLOYED	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				



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REFERENCES (LIST BELOW THE NAMES OF AT LEAST THREE PERSONS NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST ONE YEAR)

NAME	ADDRESS & PHONE	BUSINESS	HOW LONG 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 to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the 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 _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	POSITION	DEPT.	REPORT DATE	SALARY

APPROVED BY: _____