

**EMPLOYMENT APPLICATION**

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

**WE *EVERIFY* ALL APPLICANTS  
IN ACCORDANCE WITH THE NEW FEDERAL LAW**

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_

SS # \_\_\_\_\_

AGE (IF UNDER 21) \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

DATE AVAILABLE \_\_\_\_\_

ARE YOU EMPLOYED NOW? YES \_\_\_\_\_ NO \_\_\_\_\_

WAGE REQUIRED \_\_\_\_\_

CAN YOU WORK AT OTHER LOICATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE AN AZ FOOD HANDLER'S CARD YES \_\_\_\_\_ NO \_\_\_\_\_

HOW WILL YOU GET TO WORK \_\_\_\_\_

ARE YOU RELATED TO ANY EMPLOYEE OF HAVANA CAFÉ? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES STATE NAME AND RELATION TO EMPLOYEE:

\_\_\_\_\_

PLEASE CHECK ONE: US CITIZEN \_\_\_\_\_

VALID ALIEN REGISTRATION CARD \_\_\_\_\_

VALID WORK PERMIT \_\_\_\_\_

LAST YEAR OF SCHOOL COMPLETED \_\_\_\_\_

SPECIAL TRAINING IN FOOD SERVICE \_\_\_\_\_

DO YOU SPEAK, READ OR WRITE ANY FOREIGN  
LANGUAGES? \_\_\_\_\_

SHIFTS AVAILABLE:

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

**WORK EXPERIENCE**  
**PLEASE PROVIDE ALL REQUESTED INFORMATION**

1. COMPANY NAME: \_\_\_\_\_

POSITION HELD \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THEM? \_\_\_\_\_

SALARY \_\_\_\_\_ FULL OR PART-TIME \_\_\_\_\_

2. COMPANY NAME: \_\_\_\_\_

POSITION HELD \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THEM? \_\_\_\_\_

SALARY \_\_\_\_\_ FULL OR PART-TIME \_\_\_\_\_

3. COMPANY NAME: \_\_\_\_\_

POSITION HELD \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THEM? \_\_\_\_\_

SALARY \_\_\_\_\_ FULL OR PART-TIME \_\_\_\_\_

4. COMPANY NAME: \_\_\_\_\_

POSITION HELD \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THEM? \_\_\_\_\_

SALARY \_\_\_\_\_ FULL OR PART-TIME \_\_\_\_\_