

EMPLOYMENT APPLICATION

JOIN OUR TEAM!

The bars and restaurants operated by Full Court Press Inc. need talented employees to keep the success going and growing. We offer entry-level and advanced positions in every area of restaurant and bar operation.

To apply for a position at Rita's Cantina, please fill out the below application and apply in-person at our restaurant or email it to Elisa at ritascantinadsm@gmail.com.

PERSONAL INFORMAT	ION			
Name				
FIRST		LAST		
Present Address				
STREET ADDRESS		CITY	STATE	
ADDRESS LINE 2		ZIP CODE		
Permanent Address				
STREET ADDRESS		CITY	STATE	
ADDRESS LINE 2		ZIP CODE		
Phone	Alternate Phone	Have you ever been convicted of a felony? □ YES □ NO		
When is the best time to read ☐ MORNING ☐ AFTERNOON ☐	ch you? Are you 19 years or older? EVENING YES NO	If yes to the above, please explain (this will not exclude you).		
DESIRED EMPLOYMEN	т			
Position Desired (check all th		☐ Prep Cook ☐ Dishw	vasher	
Please list the hours you are	available to work each week			
Mon. am to am pm	Tuesam toam	Wedam toam	Thurs am to am pm	
Fri. am o am pm to pm	Sat am to am pm	Sun am to am pm		
Have you ever applied to this company before? $\hfill \square$ YES $\hfill \square$ NO		Have you ever worked for this company before? □ YES □ NO		
Would you be interested in e	mployment opportunities at other Fu	ıll Court Press establishments?		
FORMER EMPLOYERS List below your last three employers, st	tarting with most recent.			
Employer 1			6	
COMPANY NAME		FROM TO	STARTING PAY ENDING PAY	
STREET ADDRESS		SUPERVISOR	PHONE	
ADDRESS LINE 2		JOB TITLE REASON FOR LEAVING		



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Employer 2					
COMPANY NAME			FROM TO	\$ \$ \$ STARTING PAY ENDING PAY	
STREET ADDRESS			SUPERVISOR	PHONE	
ADDRESS LINE 2			JOB TITLE	REASON FOR LEAVING	
CITY	STATE	ZIP CODE	DUTIES		
Employer 3					
COMPANY NAME			FROM TO	\$ \$\\ STARTING PAY ENDING PAY	
STREET ADDRESS			SUPERVISOR	PHONE	
ADDRESS LINE 2			JOB TITLE	REASON FOR LEAVING	
CITY	STATE	ZIP CODE	DUTIES		
SCHOOL NAME					
EDUCATION					
SCHOOL NAME					
SCHOOL ADDRESS			SUBJECTS	Graduated?	
ADDRESS LINE 2			NUMBER OF YEARS ATTENDED	YES NO	
CITY	STATE	ZIP CODE			
College					
SCHOOL NAME					
SCHOOL ADDRESS			SUBJECTS	Graduated?	
ADDRESS LINE 2			NUMBER OF YEARS ATTENDED	YES NO	
CITY	STATE	ZIP CODE			
Other Education					
SCHOOL NAME					
SCHOOL ADDRESS			SUBJECTS		
ADDRESS LINE 2			NUMBER OF YEARS ATTENDED	Graduated? □ YES □ NO	
CITY	CTATE	710,0005			



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REFERENCI	ES			
Reference 1				
REFERENCE NAME			BUSINESS	
REFERENCE ADDRES	SS		PHONE	YEARS KNOWN
ADDRESS LINE 2				
CITY	STATE	ZIP CODE		
Reference 2				
REFERENCE NAME			BUSINESS	
REFERENCE ADDRES	SS		PHONE	YEARS KNOWN
ADDRESS LINE 2				
CITY	STATE	ZIP CODE		
Reference 3				
REFERENCE NAME			BUSINESS	
REFERENCE ADDRES	SS		PHONE	YEARS KNOWN
ADDRESS LINE 2				
CITY	STATE	ZIP CODE		
PLEASE RE	AD AND COMPL	ETE FORM BELOW		
understand tha I authorize inveinformation concompany from a I also understan	est, if employed, falsified estigation of all statem neerning my previous eall liability for any dam and agree that no reriod of time, or to ma	d statements on this applacements contained herein and employment and any pertage that may result from representative of the com	ication shall be grounds for to d the references and employ- inent information they may he did utilization of such information of any has any authority to en	ers listed above to give you any and all ave, personal or otherwise and release the
NAME		DATE		