



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 ritascantinadm@gmail.com.

PERSONAL INFORMATION

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 reach you? Are you 19 years or older?

MORNING AFTERNOON EVENING YES NO

If yes to the above, please explain (*this will not exclude you*).

DESIRED EMPLOYMENT

Position Desired (check all that apply)

Server Host Line Cook Busser Asst. Manager Bartender Expediter Prep Cook Dishwasher Food Runner

Please list the hours you are available to work each week

Mon. _____ am to _____ pm

Tues. _____ am to _____ pm

Wed. _____ am to _____ pm

Thurs. _____ am to _____ pm

Fri. _____ am to _____ pm

Sat. _____ am to _____ pm

Sun. _____ am to _____ pm

Have you ever applied to this company before?

YES NO

Have you ever worked for this company before?

YES NO

Would you be interested in employment opportunities at other Full Court Press establishments?

YES NO

FORMER EMPLOYERS

List below your last three employers, starting with most recent.

Employer 1

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 _____



EMPLOYMENT APPLICATION

Employer 2

COMPANY NAME _____

STREET ADDRESS _____

ADDRESS LINE 2 _____

CITY _____ STATE _____ ZIP CODE _____

FROM / TO / \$ STARTING PAY \$ ENDING PAY

SUPERVISOR _____ PHONE _____

JOB TITLE _____ REASON FOR LEAVING _____

DUTIES _____

Employer 3

COMPANY NAME _____

STREET ADDRESS _____

ADDRESS LINE 2 _____

CITY _____ STATE _____ ZIP CODE _____

FROM / TO / \$ STARTING PAY \$ ENDING PAY

SUPERVISOR _____ PHONE _____

JOB TITLE _____ REASON FOR LEAVING _____

DUTIES _____

EDUCATION

High School

SCHOOL NAME _____

SCHOOL ADDRESS _____

ADDRESS LINE 2 _____

CITY _____ STATE _____ ZIP CODE _____

SUBJECTS _____

NUMBER OF YEARS ATTENDED _____

Graduated?
 YES NO

College

SCHOOL NAME _____

SCHOOL ADDRESS _____

ADDRESS LINE 2 _____

CITY _____ STATE _____ ZIP CODE _____

SUBJECTS _____

NUMBER OF YEARS ATTENDED _____

Graduated?
 YES NO

Other Education

SCHOOL NAME _____

SCHOOL ADDRESS _____

ADDRESS LINE 2 _____

CITY _____ STATE _____ ZIP CODE _____

SUBJECTS _____

NUMBER OF YEARS ATTENDED _____

Graduated?
 YES NO



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REFERENCES

Reference 1

_____ REFERENCE NAME		_____ BUSINESS	
_____ REFERENCE ADDRESS		_____ PHONE	_____ YEARS KNOWN
_____ ADDRESS LINE 2			
_____ CITY	_____ STATE	_____ ZIP CODE	

Reference 2

_____ REFERENCE NAME		_____ BUSINESS	
_____ REFERENCE ADDRESS		_____ PHONE	_____ YEARS KNOWN
_____ ADDRESS LINE 2			
_____ CITY	_____ STATE	_____ ZIP CODE	

Reference 3

_____ REFERENCE NAME		_____ BUSINESS	
_____ REFERENCE ADDRESS		_____ PHONE	_____ YEARS KNOWN
_____ ADDRESS LINE 2			
_____ CITY	_____ STATE	_____ ZIP CODE	

PLEASE READ AND COMPLETE FORM BELOW:

"By typing my name below, 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 termination.

I authorize investigation of all statements contained herein and the references and employers listed above 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 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."

_____ NAME	_____ DATE
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