

**Paninos Downtown** 604 N Tejon ST, Colorado Springs, CO 8090

**An Equal Opportunity Employer**

Date \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

Applications are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, sexual orientation, or the presence of a non-job related medical condition.

**EMPLOYMENT DESIRED:**

Position(s) \_\_\_\_\_ Requested Salary \_\_\_\_\_

Date you can start \_\_\_\_\_

REFERRAL:  Advertisement  Employee  Relative  Walk-in  Other

**PERSONAL INFORMATION:**

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address \_\_\_\_\_  
STREET CITY STATE ZIP

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone Number \_\_\_\_\_ Are you 18 years or older?  Yes  No

Are you authorized to work and remain in the United States?  Yes  No

Are you currently employed?  Yes  No May we contact your current employer?  Yes  No

Have you filed an application here before?  Yes  No If so, please give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No  
If yes, please give dates \_\_\_\_\_ and supervisor's name \_\_\_\_\_

Will you require any special accommodations to perform the duties required by this position?  Yes  No  
If so, please list \_\_\_\_\_

List any friends and/or relatives currently working here \_\_\_\_\_

**AVAILABLE SHIFTS YOU CAN WORK (PLACE AN "X" WHEN YOU CANNOT WORK)**  
MON TUE WED THU FRI SAT SUN

LUNCH (10AM-4PM) \_\_\_\_\_

DINNER (4PM -12AM) \_\_\_\_\_

REFERENCES: Please list three references including phone numbers for each.

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Have you been convicted of a felony or misdemeanor in the last ten years?  Yes  No

If yes, please explain \_\_\_\_\_

In case of emergency, notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

EMPLOYMENT EXPERIENCE:

EMPLOYER \_\_\_\_\_  
NAME, ADDRESS, & TELEPHONE NUMBER

\_\_\_\_\_  
JOB TITLE, SUPERVISOR'S NAME, DATES OF EMPLOYMENT, SALARY, & REASON FOR LEAVING

EMPLOYER \_\_\_\_\_  
NAME, ADDRESS, & TELEPHONE NUMBER

\_\_\_\_\_  
JOB TITLE, SUPERVISOR'S NAME, DATES OF EMPLOYMENT, SALARY, & REASON FOR LEAVING

EMPLOYER \_\_\_\_\_  
NAME, ADDRESS, & TELEPHONE NUMBER

\_\_\_\_\_  
JOB TITLE, SUPERVISOR'S NAME, DATES OF EMPLOYMENT, SALARY, & REASON FOR LEAVING

AGREEMENT:

I certify that the facts contained in the application are true and complete and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I also understand that I am required to abide by all rules and regulations of the company should I become employed. All employees are on probation for the first 90 days.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE