

ACENAR, L.P.
PRE-EMPLOYMENT APPLICATION

NOTICE TO APPLICANT

Acenar, L.P. is an equal opportunity employer and adheres to the principals outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202, which prohibits discrimination based on age. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. If any employment relationship is established, the applicant has the right to terminate employment at any time and Acenar, L.P retains a similar right. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Personal:

DATE: _____

Position applying for: _____

Wage desired: _____ **Date available:** _____

Name: _____

Address: _____
Street *apt. #*

_____ *City* *State* *Zip Code*

Phone #: _____ **Cell or Alt. #:** _____

Social Security Number: _____ **Drivers License #:** _____

Are you over 18 years of age? _____ **Do you have proof of U.S. citizenship?** _____

Have you ever been convicted of a felony? _____

Current or most recent Employer:

Company Name: _____

Address: _____

Phone Number: _____

Position: _____

Supervisor's Name: _____

Reason for leaving: _____ **OK to call:** yes / no

Dates of employment: _____

Company Name: _____

Address: _____

Phone Number: _____

Position: _____

Supervisor's Name: _____

Reason for leaving: _____ **OK to call:** yes / no

Dates of employment: _____

Company Name: _____

Address: _____

Phone Number: _____

Position: _____

Supervisor's Name: _____

Reason for leaving: _____ **OK to call:** yes / no

Dates of employment: _____

(Over)

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School:

College/Culinary: _____

Address: _____

Degree? _____ Date of Graduation: _____

High School: _____

Address: _____

Skills or Special Training:

Please list three personal references, including name, address and telephone number:

How did you hear about us? _____

AFFIDAVIT

I certify that the answers given by me on this form are true and correct without any intentional omissions. I understand that any untrue statements on this application will be cause for dismissal and that this application will be considered current for 60 days. I agree that Acenar, L.P shall not be liable in any way if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize Acenar, L.P to investigate my background and credit history. I authorize all former employers to disclose all information, personal or otherwise, concerning my previous employment, and I release my former employers from all liability from any damage resulting from the issuance of this information; however, this authorization and release does not extend to the disclosure of material deemed confidential by the provisions of the Americans with Disability Act or the regulations promulgated thereunder. I do not authorize Acenar, L.P. to make inquiries about the existence, nature, or severity of a disability; however, Acenar, L.P may make inquiries about my ability to perform job-related functions with or without reasonable accommodation. If employed, I agree to comply with all rules, regulations and policies of Acenar, L.P.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT

Signature of applicant: _____

Date: _____