



GENERAL INFORMATION

Name (Last, First, MI)		Phone Number:	
Social Security Number		Email Address	
Address	City	State	Zip Code

HIGHEST EDUCATION

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AVAILABILITY

Dayshift – Night Shift – Both

EMPLOYMENT HISTORY

1	Name of Present or Last Employer			
Position			Day Shift/Night Shift or Both	
FROM (date):		TO (date):		Number of Hours Worked Weekly
Reason for Leaving				
Starting Salary		Ending Salary		
2	Name of Previous Employer			
Position			Day Shift/Night Shift or Both	
FROM (date):		TO (date):		Number of Hours Worked Weekly
Reason for Leaving				
Starting Salary		Ending Salary		
3	Name of Next Previous Employer			
Position			Day Shift/Night Shift or Both	
FROM (date):		TO (date):		Number of Hours Worked Weekly
Reason for Leaving				
Starting Salary		Ending Salary		

CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by Chacho's to investigators, personnel staff, and other authorized employees of Chacho's for employment purposes. This consent shall continue to be effective during my employment, if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE:

DATE: