

APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address						Apartment/Unit #				
City			State			ZIP				
Phone			E-mail Address							
Date Available			Social Security No.			Desired Salary				
Position Applied for					Are you over 18 yrs. old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you over 21 yrs. old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for Julio's before?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					

EDUCATION									
High School			Address			Years Completed?			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address			Years Completed?			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address			Years Completed?			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Additional Info: Speak a second language or already "B.A.T." certified?									

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

MILITARY SERVICE	
Branch	From                      To
Rank at Discharge	Type of Discharge

PREVIOUS EMPLOYMENT			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

AVAILABLE WORK HOURS (REQUIRED)    STORE HOURS: MONDAY-SATURDAY 9AM – 10PM & SUNDAY 12PM – 6PM		
<u>Monday:</u> Anytime <input type="checkbox"/>    Not Available <input type="checkbox"/> Specific Hours _____	<u>Tuesday:</u> Anytime <input type="checkbox"/>    Not Available <input type="checkbox"/> Specific Hours _____	<u>Wednesday:</u> Anytime <input type="checkbox"/>    Not Available <input type="checkbox"/> Specific Hours _____
<u>Thursday:</u> Anytime <input type="checkbox"/>    Not Available <input type="checkbox"/> Specific Hours _____	<u>Friday:</u> Anytime <input type="checkbox"/>    Not Available <input type="checkbox"/> Specific Hours _____	<u>Saturday:</u> Anytime <input type="checkbox"/>    Not Available <input type="checkbox"/> Specific Hours _____
<u>Sunday:</u> Anytime <input type="checkbox"/>    Not Available <input type="checkbox"/> Specific Hours _____	<u>Holidays:</u> Anytime <input type="checkbox"/>    Not Available <input type="checkbox"/> Specific Hours _____	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date