



# Employment Application

PERSONAL				
_____ NAME	_____ - _____ - _____ SOCIAL SECURITY NUMBER			
_____ MAILING ADDRESS	_____ CITY	_____ STATE	_____ ZIP	
(____) _____ - _____ AREA CODE & PHONE NUMBER	_____ DATE OF BIRTH	_____ REFERRED by		

ARE YOU EMPLOYED NOW? \_\_\_\_\_ If so may we inquire of your present employer? \_\_\_\_\_

Have you applied here before? \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_

Date you can Start \_\_\_/\_\_\_/\_\_\_ Position Desired \_\_\_\_\_ Days \_\_\_ Nights \_\_\_

Education and Training				
	Name and Location	Yr. Completed	Graduate	Major
High School				
College				
Additional Training				

What languages other than English do you speak fluently? \_\_\_\_\_

Read? \_\_\_\_\_ Write? \_\_\_\_\_

What personal contribution (s), do you feel, you could make if you were employed by us?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Work Experience

(List below your last four (4) Employers, Starting with the last one first)

Dates Employed	Company, Supervisor & Ph.#	Salary	Position	Reason for Leaving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

## References

(List the names of three persons not related to you, whom you have known at least one year)

NAME	ADDRESS / PHONE NO.#	RELATIONSHIP	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## IN CASE OF EMERGENCY

Person to Notify: \_\_\_\_\_ Ph. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

I hereby affirm that the information provided on this application and/or résumé is true and complete to the best of my knowledge. I am aware that any falsified information may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I authorize the investigation of my past employment and agree to cooperate in such investigation, and release from all liability persons and corporations requesting or supplying information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am considered or any future job in the event I am hired. I hereby agree to submit to any lawful drug, or skill testing that may be required as a condition for employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing may result in my immediate discharge. I further agree to submit to search of my person or other personal belongings if my integrity and/or honesty come into question as a result of my actions or the actions of others that may have influenced me during the course of my employment. I have received and read the "Message From CHUY'S" and willingly accept these terms and its philosophy for employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**I UNDERSTAND THIS IS AN EMPLOYMENT-AT-WILL COMPANY. MEANING EITHER EMPLOYEE OR EMPLOYER MAY TERMINATE THIS EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON**