



Employee Health and Medical Statement

Do you now have or have you ever had any of the following medical conditions. *This has no bearing whatsoever on your job.*

1. Epilepsy
2. Diabetes
3. Cardiac disease
4. Arthritis
5. Amputated foot, leg, arm or hand
6. Loss of sight of one or both eyes, or a partial loss of vision of more than 75% bilaterally.
7. Residual disability from Poliomyelitis
8. Cerebral Palsy
9. Multiple Sclerosis
10. Parkinson's Disease
11. Cerebral vascular accident
12. Tuberculosis
13. Silicosis or asbestosis
14. Psychoneurotic or mental disease or disorder established by medical opinion or diagnosis
15. Loss of, or partial loss of the use of any member of the body
16. Physical deformity or abnormality
17. Any other physical impairment, disorder or disease, physical or mental, which is established as constituting a handicap in obtaining or in retaining employment. (Such as prior back injury, prior knee or leg injury, muscle strains, etc.)
18. Aids or HIV

YOU MUST CHECK ONE OF THE BOXES BELOW.

☐ I do not have any of these medical conditions.

☐ I do have the following medical conditions: _____

Date completed: _____
Date Employed: _____

Employee Name (print) _____
Employee's Signature _____
Employee's SSN _____



Employee Information Sheet

Store Location _____ Date _____

Name _____

Address _____ Last _____ First _____ Middle Initial _____ City _____ State _____

Telephone _____ - _____ - _____ Zip _____ SSN # _____ - _____ - _____

EMPLOYMENT AVAILABILITY

Maximum number of hours you can work per week _____ Weekly hours desired _____

Can you work DAYS? _____ Yes _____ No Can you work NIGHTS? _____ Yes _____ No

What hours can you work?

Monday: from _____ to _____

Tuesday: from _____ to _____

Wednesday: from _____ to _____

Thursday: from _____ to _____

Friday: from _____ to _____

Saturday: from _____ to _____

Sunday: from _____ to _____

Will you attend school while working? _____ Yes _____ No

Monday: from _____ to _____

Tuesday: from _____ to _____

Wednesday: from _____ to _____

Thursday: from _____ to _____

Friday: from _____ to _____

Saturday: from _____ to _____

Sunday: from _____ to _____

Relatives employed by TACO CASA: Name _____

Relationship _____

Do you live with anyone employed at TACO CASA? _____ Yes _____ No

Name _____

I understand that any misrepresentation or omission of facts called for is cause for dismissal.

Applicant's Signature _____ Date _____

— EMPLOYER'S USE —

DEPARTMENT _____

STARTING DATE _____ PAY _____

APPLICATION FOR EMPLOYMENT

(PLEASE ANSWER ALL QUESTIONS)

— EMPLOYER'S USE —

BRANCH LOCATION _____

POSITION _____

NOTICE: Applicant should read the following information carefully before filling out any of the questions in this form. Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. It is also illegal to discriminate in employment of persons because of their age if over 40 but less than 70 years of age.

WE ARE EQUAL OPPORTUNITY EMPLOYER

DATE _____		SOCIAL SECURITY NO _____			
NAME - PRINT IN FULL (LAST, FIRST, MIDDLE)		HOME PHONE _____		BUSINESS PHONE _____	
PRESENT (NUMBER)	(STREET)	(CITY)	(STATE)	(ZIP CODE)	HOW LONG HAVE YOU LIVED THERE?
PREVIOUS ADDRESS (NUMBER)	(STREET)	(CITY)	(STATE)	(ZIP CODE)	HOW LONG DID YOU LIVE THERE?

GENERAL INFORMATION

Have you had any recent or past illness or operations which might hinder your ability to perform the duties of the job for which you have applied? _____

If yes, please explain _____

Do you have any hobby(s) that has a direct bearing on the job you are seeking? _____

If yes, please explain _____

Referred by: _____

Have you ever belonged to a club, organization, society, or professional group which has a direct bearing upon your qualifications for the job for which you are applying? _____

If yes, describe _____

List names of any friends or relatives now employed by this company _____

EDUCATION

NAME OF SCHOOL OR COLLEGE	WHERE LOCATED	CIRCLE LAST YEAR COMPLETED	GRADUATE	
			YES	NO
HIGH SCHOOL		9 10 11 12		
COLLEGE OR UNIVERSITY		1 2 3 4	DEGREE	
BUSINESS, TECHNICAL OR OTHER TRAINING				

ARE YOU CURRENTLY STUDYING?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT	WHERE	DO YOU PLAN TO RETURN TO SCHOOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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EMPLOYMENT DESIRED

POSITION APPLYING?	WHEN CAN YOU REPORT FOR WORK?	STARTING SALARY EXPECTED?
EVER APPLY TO THIS COMPANY BEFORE?	WHEN?	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		PAST EMPLOYERS?
		<input type="checkbox"/> YES <input type="checkbox"/> NO

(APPLICANT TO ANSWER ONLY-IF APPLYING AS A DRIVER OR VEHICLE OPERATOR)

Check the Types of Vehicle You Are Qualified, Through Experience, To Operate:

☐ Passenger Car ☐ Light Truck ☐ Heavy Truck or Tractor, Other _____

Driver's License No. _____ State _____ Expires _____ Ever Suspended or Revoked? _____

Do You Operate an Automobile? ☐ Yes ☐ No. If Yes, Give Make and Year _____

Do You Have Auto Insurance? ☐ Yes ☐ No. Has It Ever Been Cancelled or Renewal Refused? ☐ Yes ☐ No

How Many Convictions For Moving Violations Within Past 3 Years? _____

(CONTINUE ON REVERSE SIDE)

**INDICATE BELOW YOUR OFFICE SKILLS
AND CHECK OFFICE MACHINES YOU CAN OPERATE EFFICIENTLY**

ELECTRIC TYPEWRITER _____ WPM	ADDING MACHINE	DATA PROCESSING TAB EQUIPMENT
MANUAL TYPEWRITER _____ WPM	BOOKKEEPING - BILLING - TYPE	KEY PUNCH
SHORTHAND _____ WPM	CALCULATOR - TYPE	MULTIGRAPH - MULTILITH
TRANSCRIBING MACHINE - TYPE	COMPUTER - TYPE	OTHER

CHECK KINDS OF WORK IN WHICH YOU HAVE HAD EXPERIENCE

ACCOUNTING	COLLECTIONS	PAYROLL	STOCK WORK
ADJUSTING	CREDIT	PRINT SHOP	TELEPHONE SWITCHING
AUDITING	DATA PROCESSING	PURCHASING	UNDERWRITING
BOOKKEEPING	FILING	RATING	
CASHIER	LAW	STENOGRAPHIC	

FORMER EMPLOYERS

GIVE INFORMATION REGARDING ALL PREVIOUS EMPLOYMENT — INCLUDING MILITARY SERVICE

EMPLOYMENT PRESENT OR LAST	NAME & ADDRESS OF CO	DATES		JOB AND DUTIES (BRIEF EXPLANATION)	NAME & PHONE NO OF SUPERVISOR	MONTHLY SALARY	REASON LEFT
		FROM MO/YR	TO MO/YR				
1.							
2.							
3.							
4.							
U.S. MILITARY	BRANCH			HIGHEST RANK DUTY SPECIALTY			

REFERENCES

(GIVE THE NAMES AND ADDRESSES OF THREE PERSONS WHO KNOW YOU WELL AND TO WHOM WE MAY REFER — NO RE.

NAME	ADDRESS	PHONE NO.	YEARS ACQUAINTED	OCU

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

I HEREBY AUTHORIZE THE COMPANY TO CONDUCT AN INVESTIGATIVE CONSUMER REPORT ON ME, AS DEFINED IN PUBLIC LAW 91-508. I UNDERSTAND THAT SUCH REPORT MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS OF LIVING. I UNDERSTAND THAT IF ANY INQUIRY IS MADE, MORE INFORMATION AS TO ITS NATURE AND SCOPE WILL BE SUPPLIED UPON REQUEST. IF THIS APPLICATION IS CONSIDERED FAVORABLY, I AGREE TO ABIDE BY AND COMPLY WITH ALL THE RULES OF THIS ORGANIZATION.

DATE	SIGNATURE
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(DO NOT WRITE BELOW THIS LINE)

DATE	INTERVIEWED BY
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COMMENTS

TYPING TEST SCORE _____ WPM	DEPARTMENT	JOB CLASSIFICATION	DATE PLACED ON PAYROLL	MONTHLY PAY
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