Equal Opportunity Employer (Please Print - Use Back of Application for Any Explanations)			ation: □ Fred's – Huntington Beach □ Fred's – Old Town San Diego □ Sandy's – Huntington Beach □ Tamarindo – Del Mar □ Moose's/Fred's - Kihei □ Moose's/Aloha Burrito - Waikiki					
			PERSONAL					
NAMELAST		FIDOT	MIDE	Т	ODAY'S DATE:			
		FIRST	MIDL	LE				
Present Address	STREET	CITY	STATE	ZIP	TELEPHONE NO.			
Permanent Address								
	STREET	CITY	STATE	ZIP	TELEPHONE NO.			
Desired Position(s):								
Reason you want to join ou	ır team:							
Available start date:								
Wage desired:								
Referred by:								
Have you ever applied at a					Yes	□ No		
Have you previously worke			□ No					
Do you have a reliable mea	Do you have a reliable means of transportation to and from work?							
Can you furnish proof that						□ No		
Are you over the age of 21						□ No		
Are you over the age of 18						□ No		
Are you able to perform the may ask for a list of the essential. If no, please describe the five comply with the American wit for eligible applicants/employees	job functions and, at unctions that car h Disabilities act and	your option, provide us anot be performed: similar state laws and	a list of reasonable accomi	modation measures tha	at you request) 🖵 Yes	□ No		
		EDUCA	TION AND TRAININ	IG				
EDUCATION	Name .	And Location	No Of Years Completed	Did You Grad		Degree Or Diploma Received		
High School			·	☐ Yes ☐	l No			
College				☐ Yes ☐	l No			
Additional information, skill	s and qualificatio	ns can be stated in	n this section:					
		ı	REFERENCES					
OTHER REFERENCES (Nam	ne, Telephone, Oco	cupation, Relation)						

(Please complete Reverse Side of Application)

		EMPL	OYMENT HISTO	RY		
EMPLOYER NAME:			Telephone No.:			
Address:	City	State	Zip	Type of Business:		
Your Position & Duties:				Supervisor's Name:		
Start Date of Employment:	:			Ending Pay Rate:		
May we contact your supe	rvisor? 🛚 Yes	□ No, If No, Why?	Reason for Leaving:			
EMPLOYER NAME:			Telephone No.:			
Address:Street						
Your Position & Duties:				Supervisor's Name:		
Start Date of Employment:	Date of Employment: End Date of Employment:		of Employment:	Ending Pay Rate:		
May we contact your supe	rvisor? Yes	☐ No, If No, Why?	Reason for Leaving:			
EMPLOYER NAME:			Telephone No.:			
Address: Street	City	State	Zip	Type of Business:		
Your Position & Duties:				Supervisor's Name:		
Start Date of Employment: End Date of Employment:			Ending Pay Rate:			
May we contact your supe	rvisor? Yes	□ No, If No, Why?	Reason for Leaving:			
given by me are true and understand that any omiss	d correct to the sion or misstate	best of my knowled ment on this application	edge. I further ce ation or on any doc	r affect my chances for employment and that the answers rtify that I have personally completed this application. I cument used to secure employment may result in rejection regardless of the time elapsed before discovery.		
suitability for employment. or association with them, withis application has been s	I further autho without giving mount giving mount in the contraction of the contraction o	rize the references ne prior notice of su y affiliates thereof,	I have listed to dis uch disclosure. In a my references, and	es, work record, education and other matters related to my close to any and all information related to my employment addition, I hereby release any potential employer to whom all other persons, corporations, partnerships, associations n any way related to such investigation or disclosure.		
during any interview if one is and agree that if I am hired cause or prior notice, at the	is granted, or du , my employmen option of either	ring my employment t is for no definite or myself or the compa	t if hired, is intended determinable period any, and that no pror	nderstand that nothing contained in this application, conveyed I to create an employment contract of any kind. I understand d of time and may be terminated at any time, with our without mises or representations contrary to the foregoing are binding or the president of its general partner.		
				AND AGREE TO THE ABOVE, AND TO THE BEST OF IS TRUE AND CORRECT.		
	,					
APPLICANT'S SIGNATURE:				DATE.		