



# NEATO BURRITO APPLICATION

application  
11102012

NAME	NICKNAME, IF ANY
ADDRESS	SOCIAL SECURITY NO.
CITY, STATE, ZIP	PHONE
EMAIL	HOURLY WAGE DESIRED
POSITION DESIRED	# OF HOURS/WEEK DESIRED
CIRCLE ALL NEATO BURRITO SHOPS YOU CAN WORK AT: <div style="display: flex; justify-content: space-between; padding: 5px;"> <span>CARLISLE PIKE, MECHANICSBURG</span> <span>WINDSORPARK, MECHANICSBURG</span> <span>LEMOYNE</span> <span>NEW CUMBERLAND</span> <span>DOWNTOWN HARRISBURG</span> <span>PAXTON ST. HARRISBURG</span> <span>FRUITVILLE PIKE, LANCASTER</span> </div>	

MARK ANY SHIFTS THAT YOU ARE <u>NOT</u> AVAILABLE FOR:	MON	TUE	WED	THU	FRI	SAT	SUN
MORNINGS (10-2)							
AFTERNOONS (2-5)							
EVENINGS (5-10)							

YES	NO	ARE YOU CURRENTLY EMPLOYED?	DATE YOU CAN START
YES	NO	HAVE YOU EVER BEEN EMPLOYED BY NEATO BURRITO BEFORE?	
YES	NO	HAVE YOU EVER APPLIED AT NEATO BURRITO BEFORE?	
YES	NO	DO YOU KNOW ANYONE WHO CURRENTLY WORKS AT NEATO BURRITO?	IF YES, WHO?
YES	NO	DO YOU KNOW ANYONE WHO HAS WORKED FOR NEATO BURRITO IN THE PAST?	IF YES, WHO?
YES	NO	HAVE YOU BEEN REFERRED BY SOMEONE?	IF YES, WHO?
YES	NO	IN THE PAST 7 YEARS, HAVE YOU BEEN CONVICTED OF A CRIME WHICH HAS NOT BEEN ANNULLED, EXPUNGED, OR SEALED BY A COURT? *	

IF YES, PLEASE DESCRIBE THE CONVICTION IN FULL DETAIL, INCLUDING DATE(S), LOCATION(S) AND THE NATURE OF THE OFFENSE(S). (PLEASE ATTACH ADDITIONAL PAPER IF NEEDED.)

\* A CONVICTION RECORD WILL NOT AUTOMATICALLY RESULT IN YOUR DISQUALIFICATION FROM EMPLOYMENT; CONVICTIONS WILL BE CONSIDERED ONLY TO THE EXTENT THEY RELATE TO THE JOB FOR WHICH YOU HAVE APPLIED. HOWEVER, FAILURE TO DISCLOSE A CONVICTION AND/OR MISCHARACTERIZATION OF A CONVICTION WILL AUTOMATICALLY RESULT IN YOUR INELIGIBILITY FOR EMPLOYMENT AND/OR TERMINATION OF EMPLOYMENT (EVEN IF A CONVICTION WOULD NOT HAVE BARRED YOUR EMPLOYMENT HAD IT BEEN PROPERLY DISCLOSED).

## CHARACTER REFERENCES

NAME	PHONE	BUSINESS/RELATIONSHIP
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# EDUCATION HISTORY

HIGH SCHOOL	CITY, STATE	
AREA OF STUDY	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?

COLLEGE	CITY, STATE	
AREA OF STUDY	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?

ARE YOU CURRENTLY ENROLLED IN SCHOOL? OR DO YOU HAVE PLANS TO ENROLL IN SCHOOL IN THE FUTURE?

## COMPLETE WORK HISTORY

LIST YOUR LAST 3 EMPLOYERS, START WITH MOST RECENT

COMPANY NAME <b>1</b>		PHONE	
MANAGER'S NAME		FROM: (MONTH/YEAR)	TO: (MONTH/YEAR)
ADDRESS, CITY, STATE			
POSITION HIRED FOR	LAST POSITION HELD	HOURLY/SALARY	
REASON FOR LEAVING			

COMPANY NAME <b>2</b>		PHONE	
MANAGER'S NAME		FROM: (MONTH/YEAR)	TO: (MONTH/YEAR)
ADDRESS, CITY, STATE			
POSITION HIRED FOR	LAST POSITION HELD	HOURLY/SALARY	
REASON FOR LEAVING			

COMPANY NAME <b>3</b>		PHONE	
MANAGER'S NAME		FROM: (MONTH/YEAR)	TO: (MONTH/YEAR)
ADDRESS, CITY, STATE			
POSITION HIRED FOR	LAST POSITION HELD	HOURLY/SALARY	
REASON FOR LEAVING			



# QUESTIONS

PLEASE ATTACH ADDITIONAL PAPER IF NEEDED.

WHY DO YOU WANT TO WORK AT NEATO BURRITO?

1

WHAT MAKES YOU A GOOD CANDIDATE FOR THIS POSITION?

2

WHAT FOOD EXPERIENCE DO YOU HAVE?

3

WHAT WAS YOUR FAVORITE JOB AND WHY?

4

WHAT WAS YOUR LEAST FAVORITE JOB AND WHY?

5

DURING YOUR LAST PERFORMANCE REVIEW, WHAT WAS POSITIVE?

6

DURING YOUR LAST PERFORMANCE REVIEW, WHAT NEEDED IMPROVEMENT?

7

DESCRIBE YOUR MOST FRUSTRATING WORK EXPERIENCE AND HOW YOU HANDLED IT.

8

GIVE 2 EXAMPLES WHEN YOU DID SOMETHING AT A JOB WITHOUT BEING ASKED.

9

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I also understand and agree that if employed by the company, that employment will at all times be at-will and that the applicant/employee can be terminated for any reason or no reason, and at any time.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE

DATE