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*Prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin, citizenship, disability, veteran status, ancestry, religion or any other factor whose consideration is prohibited by law.*

**In filling out this application, please remember to:**

1. Fill out every line, front and back.
2. Write legibly and check for accuracy.
3. Dress for an interview. If necessary, bring the application back:  
 Monday - Friday, 2:00 PM - 4:00 PM.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Phone
	City, State, Zip			
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give Month and Year:			
	Position Desired			Pay Expected
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Form of Transportation			
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?
	Do you have a valid <input type="checkbox"/> Driver's License? <input type="checkbox"/> Missouri State I.D.?			
	Do you have a <input type="checkbox"/> Social Security Card? <input type="checkbox"/> Birth Certificate?			Will you work holidays/weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have proof of Hepatitis A vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, are you willing to obtain one? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Are you trained in Responsible Alcohol Service or Food Service Sanitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what courses?			
	How did you learn of our organization? Other special training or skills (languages, machines, etc.)			
	Is there any shift that you are unable to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state shift and reason.			
	Have you any physical defects which preclude you from performing certain jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe limitation.			
Are you at least 16 yrs. of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you at least 18 yrs. of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you at least 21 yrs. of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you available to work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please fill in the hours each day that you are available to work: Schedule is subject to change based on company's needs.				

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	YEAR GRADUATED
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

