

## Job Application

### DAIQUIRITAS

Daiquiritas is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all sections below.

At which location are you interested in working?

5910 Muela Creek Dr., Beaumont

9717 Jones Rd., Houston

12722 Jones Rd. Houston

7025 Fry Rd., Houston

#### **Applicant Information**

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_  
(including city, state, zip)

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of application: \_\_\_\_\_

#### **Employment Position**

Position applying for: Team Member

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

What hours are you available for work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

On what date can you start working? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

#### **Personal Information**

If you have any friends, relatives, etc, working at Daiquiritas, state name and relationship. \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_

What document can you provide as authorized to work in the United States? \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? \_\_\_\_\_

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: \_\_\_\_\_

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**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying.

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*Note: Daiquiritas complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.*

**Education and Training**

High School

Name	Location (city, state)	Year Graduated	Degree Earned

College/University

Name	Location (city, state)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (city, state)	Year Graduated	Degree Earned

Military

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset to this position?

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**Previous Employment**

Employer name: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Supervisor name: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
City, state and zip code: \_\_\_\_\_  
Employer telephone: \_\_\_\_\_  
Dates employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer name: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Supervisor name: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
City, state and zip code: \_\_\_\_\_  
Employer telephone: \_\_\_\_\_  
Dates employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer name: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Supervisor name: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
City, state and zip code: \_\_\_\_\_  
Employer telephone: \_\_\_\_\_  
Dates employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**References**

Please provide three personal and professional references below.

Reference	Contact Information

**At-will Employment**

The relationship between you and the Daiquiritas is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Daiquiritas. No representative of Daiquiritas has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and a Company executive.

Applicant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

**Background Consent**

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the Company may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the Company may terminate my employment at any time, with or without notice or reason.

Applicant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_