



**Mr. Omelette®**  
Employment Application

2060 E. Avenida De Los Arboles, #515, Thousand Oaks, CA 91362  
Phone: (805) 222-5674 - Fax: (888) 349-1174  
Website: www.mromeletteca.com  
Email: info@mromeletteca.com

Mr. Omelette is an Equal Opportunity Employer. Applications will receive consideration without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, or veteran status. If employed, you will be required to submit documentation showing proof of citizenship, or authorization to work in the United States. Applications will remain active for thirty days.

Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Have you ever applied for employment with the Company? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed with the Company? Yes \_\_\_\_\_\* No \_\_\_\_\_

\*If yes, indicate date and location here: \_\_\_\_\_

Are you aware of any reason you cannot perform the essential functions of the job you are applying for?  
Yes \_\_\_\_\_\* No \_\_\_\_\_

\*If yes, how can we accommodate you? \_\_\_\_\_

Have you ever been convicted of a crime not expunged or pardoned? If yes, please explain below:  
Yes \_\_\_\_\_\* No \_\_\_\_\_

\*Explanation \_\_\_\_\_

Some positions require proof of age. If you are under 18, can you supply a work permit?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

How were you referred to the Company? Walk-in \_\_\_\_\_ Newspaper \_\_\_\_\_ On-line \_\_\_\_\_ College \_\_\_\_\_ Radio \_\_\_\_\_

\_\_\_\_ Employee Referral - Please provide Employee Name: \_\_\_\_\_

Position Desired \_\_\_\_\_

Wage Desired \_\_\_\_\_  Full Time  Part Time  Temporary

Preferred Availability*	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

\* Preferred schedule as indicated above will be honored to the extent that business demands permit. Availability MUST include evenings or weekend Saturday or Sunday required.

**EDUCATION**

Name and Location of School	Last Year Completed	Diploma/Degree	
High School	1 2 3 4	Y	N
College	1 2 3 4	Y	N
Trade School	1 2 3 4	Y	N

## Employment History

Please give accurate and complete employment information, beginning with present or most recent employer.

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_ Starting Date \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_ Ending Date \_\_\_\_\_  
Position Held \_\_\_\_\_ Starting Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Ending Pay \_\_\_\_\_

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Company Name \_\_\_\_\_ Telephone \_\_\_\_\_ Starting Date \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_ Ending Date \_\_\_\_\_  
Position Held \_\_\_\_\_ Starting Pay \_\_\_\_\_  
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Address \_\_\_\_\_ Supervisor \_\_\_\_\_ Ending Date \_\_\_\_\_  
Position Held \_\_\_\_\_ Starting Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Ending Pay \_\_\_\_\_

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I hereby authorize the Company to thoroughly investigate my references, work records, education, credit history, driving record and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the Company any and all information pertaining to my employment with corporations, from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment relationship with the Company is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or the Company. I certify that the information in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for dismissal in accordance with Company policy.

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

Date \_\_\_\_\_