



Southwest Restaurant Partners, LLLP
Southwest Restaurant Management, Inc
Hacienda II Partners, LLLP
2004 Restaurant, LLC
1945 Management, Inc

All qualified applicants for employment will receive consideration for employment without regard to race, religious affiliation, sex, national origin, age, marital status, veteran status, or disability as described by The Americans with Disabilities Act of 1990. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 or older. This application is valid for 60 days.

The Partnerships reserve the right to assign any partner to any geographically proximate work site. This decision would be based solely upon the operational needs of the company.

Today's Date: _____ / _____ / _____

PERSONAL INFORMATION

Name (Last, First, Middle)	Social Security Number _____ - _____ - _____
Present Address (No., Street, City, State, Zip Code)	Telephone number where you can be contacted ()
In case of Emergency (Name, No., Street, City, State, Zip Code) Phone #	Are you at least 18 yrs. of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list date of birth: _____ / _____ / _____
Do you have a legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of identity and legal authority to work in the U.S. is a condition of employment.)	
Have you ever been employed by: Hacienda Colorado ? If yes, which restaurant? _____ dates employed: _____ to _____	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates, charge and disposition: _____ _____ (Convictions will not necessarily exclude you from employment, but date and type of conviction may be considered for job placement.)	

MISCELLANEOUS

Please specify how you found out about our company (check one box only):

<input type="checkbox"/> Walk in	<input type="checkbox"/> "Now Hiring Banner"
<input type="checkbox"/> Referred by: _____ Name	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sent in resumé	<input type="checkbox"/> Online: _____ Website
<input type="checkbox"/> Advertisement: _____ Publication / Newspaper	

EMPLOYMENT INTERESTS/SKILLS

Position applying for:	Salary Desired	Date Available	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
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WORK SCHEDULE AVAILABILITY

SHIFT	MON	TUES	WED	THURS	FRI	SAT	SUN
AM	to	to	to	to	to	to	to
PM	to	to	to	to	to	to	to

Are you willing to work a split shift? Yes No
 Are you willing to work holidays / weekends? Yes No
 Are you willing to stay late in an emergency? Yes No
 How many hours per week do you expect to work? _____

EDUCATION

Type of School	Name of School	Location of School	Courses Majored in	Last Year Completed	
High School				9 10 11 12	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No
College / Other				1 2 3 4	Degree <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

In order for you to be considered for employment, this application must be filled out in its ENTIRETY. Resumes, though certainly welcome, should not be submitted in lieu of information requested below.

Please list all jobs, beginning with your present or last employer. Account for all periods, including unemployment, self-employment, and any military service.

If space is insufficient, list on a separate page or additional application form.

1 Company Name and Address				Job Title	
				Department	Supervisor (Name and Telephone Number)
DATE		SALARY		Duties and Responsibilities	Reason for leaving or wishing to leave
Start M/Y	End M/Y	Start	End		

2 Company Name and Address				Job Title	
				Department	Supervisor (Name and Telephone Number)
DATE		SALARY		Duties and Responsibilities	Reason for leaving or wishing to leave
Start M/Y	End M/Y	Start	End		

3 Company Name and Address				Job Title	
				Department	Supervisor (Name and Telephone Number)
DATE		SALARY		Duties and Responsibilities	Reason for leaving or wishing to leave
Start M/Y	End M/Y	Start	End		

EMPLOYMENT REFERENCES

NAME	ADDRESS/TELEPHONE	OCCUPATION

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodations? Yes No

If you checked No, what accommodations do you need?

(Please contact Human Resources if you should have any questions.)

I CERTIFY THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I AGREE YOU MAY INVESTIGATE MY STATEMENTS. I AGREE TO PERMIT ALL PAST EMPLOYERS TO GIVE ANY INFORMATION CONCERNING ME AND RELEASE THEM FROM ANY LIABILITY IN FURNISHING SUCH INFORMATION. I UNDERSTAND THAT MY EMPLOYMENT AND, IF EMPLOYED, MY CONTINUED EMPLOYMENT IS CONDITIONED UPON MY PARTICIPATING IN AND CLEARING SUCH SECURITY EXAMINATIONS OR INVESTIGATIONS AS MAY BE DEEMED ADVISABLE BY THE COMPANY. I AGREE TO SUCH EXAMINATIONS AND INVESTIGATIONS AND AGREE TO WAIVE ANY AND ALL CLAIMS AGAINST THE COMPANY IN CONNECTION WITH ANY SECURITY EXAMINATION OR INVESTIGATION INVOLVING MY APPLICATION AND EMPLOYMENT. I UNDERSTAND, IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. IT IS AGREED THAT IF I AM EMPLOYED, SUCH EMPLOYMENT WILL BE AT THE WILL OF EITHER PARTY AND NO CONTRACT OF EMPLOYMENT SHALL EXIST. NOTICE: ALL OFFERS OF EMPLOYMENT ARE CONTINGENT ON THE PRODUCTION OF THE PROPER DOCUMENTS THAT PROVE LEGAL RIGHT TO WORK.

I UNDERSTAND THAT HACIENDA COLORADO AND ITS ENTITIES HAS IN PLACE A DISPUTE RESOLUTION PROCEDURE, AND I FURTHER ACKNOWLEDGE AND AGREE THAT IF I AM OFFERED AND ACCEPT EMPLOYMENT, ANY DISPUTE BETWEEN ME AND HACIENDA COLORADO AND ITS ENTITIES RELATING TO MY EMPLOYMENT AND/OR MY SEPARATION FROM EMPLOYMENT, SHALL BE SUBMITTED WITHIN ONE (1) YEAR OF THE DAY WHICH I LEARNED OF THE EVENT AND SHALL BE RESOLVED PURSUANT TO THE TERMS AND CONDITION OF THE DISPUTE RESOLUTION PROCEDURE.

NOTICE TO TIPPED EMPLOYEES: You are hereby notified that Section 3(m) of the Fair Labor Standards Act (The Federal Minimum Wage Law) provides as follows: In determining the wage of a tipped employee, the amount paid such employee shall be at least an amount equal to the cash wage set by Colorado State law and an additional amount of the tips received by such employee which amount is equal to the difference between state minimum per hour and the current minimum wage in effect. The additional amount on account of tips may not exceed the value of the tips actually received by an employee. The preceding two sentences shall not apply with respect to any tipped employee unless such employee has been informed by the employer of the provisions of the section and all tips received by such employee have been retained by the employee, except that nothing herein shall prohibit the pooling of tips among employees who customarily and regularly receive tips. Some States have eliminated the tip credit or require a lower percentage of the tip credit than the Federal Minimum Wage Law, in which case State Law will apply.

IT IS THE POLICY OF HACIENDA COLORADO AND ITS ENTITIES TO HIRE ONLY U.S. CITIZENS AND ALIENS WHO ARE LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES. ALL EMPLOYEES WILL BE ASKED TO VERIFY EMPLOYMENT ELIGIBILITY PRIOR TO BEGINNING WORK.

DATE _____ SIGNATURE OF APPLICANT _____

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

