

**EMPLOYEE REGISTRATION FORM**

HIRING DATE:  
FECHA DE EMPLEO: \_\_\_\_\_

NAME (S):  
NOMBRE (S): \_\_\_\_\_

DATE OF BIRTH:  
FECHA DE NACIMIENTO: \_\_\_\_\_

ADDRESS:  
DIRECCION: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOME PHONE:  
TELEFONO DE CASA: \_\_\_\_\_

CELL PHONE:  
CELULAR: \_\_\_\_\_

EMPLOYER/EMPLEADOR: \_\_\_\_\_

CITY, STATE/CIUDAD DE TRABAJO: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

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Valid Food Manager License or Certification  
Valid Alcohol Awareness Certification  
Valid Allergy Training


Expiration date: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
Expiration date: \_\_\_\_\_