

Wing Coop Employment Application

Name _____ Social Security No. _____ Date of Birth _____
First Name Middle Initial Last Name XXX - XX - XXXX MM - DD - YYYY

Street Address _____ City _____ State _____ Zip _____

AVAILABILITY:

Total Hours Available Each Week _____ Hours Available: M T W T F Sa Su

Are you Legally able to be employed in the United States?

YES

NO

From
To

How did you hear about the job? _____

Do you have your own transportation? _____

How far do you live from the restaurant? _____

Best phone number to contact you? _____

SCHOOL MOST RECENTLY ATTENDED:

Name _____ Address _____ City _____ State _____ Zip _____

Last Grade Completed _____ Grade Point Average _____ Now Enrolled? YES NO Graduated? YES NO

THREE MOST RECENT JOBS:

1 Company _____ Address _____ City _____ State _____

Phone _____ Job _____

Salary _____ Dates Worked: *from* _____ *to* _____

Supervisor _____ Reason for Leaving _____

2 Company _____ Address _____ City _____ State _____

Phone _____ Job _____

Salary _____ Dates Worked: *from* _____ *to* _____

Supervisor _____ Reason for Leaving _____

3 Company _____ Address _____ City _____ State _____

Phone _____ Job _____

Salary _____ Dates Worked: *from* _____ *to* _____

Supervisor _____ Reason for Leaving _____

PERSONAL REFERENCES:

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

Telephone _____ Telephone _____ Telephone _____

IMPORTANT: COMPLETE SECOND PAGE

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The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, E.coli and compylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? YES NO If yes, explain: _____

* DURING THE PAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? YES NO IF YES, DESCRIBE IN FULL _____

*A conviction will not necessarily bar you from employment.

U.S. MILITARY

Branch of Service _____ Date Entered _____ Date of Discharge _____ Highest Rank _____

Do you have service-related skills and experience applicable to civilian employment? YES NO If yes, Describe _____

GENERAL

What additional relevant experiences or training have you had other than your work experience, military service and education?

Activities - civic, athletic, fraternal, etc. (Exclude organizations which indicate race, religion, color, or national origin of members.)

1. I certify that I have read and fully completed the entire application, and that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with the policy of this Wing Coop franchise.
2. I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise; and release all parties from all liability for any damage that may result from furnishing same to you.
3. I acknowledge that this independently owned and operated Wing Coop's franchise reserves the right to amend or modify the policies in its Handbook and other policies of this Wing Coop's franchise at any time, without prior notice. These policies do not create any promises or contractual obligations between this independent Wing Coop's franchise and its employees. At this Wing Coop's franchise, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this Wing Coop's franchise retains the same rights. The independent Owner/Operator of this Wing Coop's franchise is the only person who may make an exception to this, and it must be in writing and signed by the Owner/Operator. I understand that my employer is an independent Owner/Operator of a Wing Coop's franchise and that I am not employed by Wing Coop's Corporation or any of its subsidiaries. The independent Owner/Operator of this restaurant is solely responsible for all terms, condition and any other issues concerning my employment.
4. This independent Wing Coop's franchise is an Affirmative Action and Equal Opportunity Employer. Various Federal, State, and Local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veterans status. It is this Wing Coop's franchise policy to comply fully with these laws, as applicable, and information requested on this application will not be used for any purpose prohibited by law. I understand that as a part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

Signature _____ Date _____