



APPLICATION FOR EMPLOYMENT

Please complete all requested information. Resumes will not be accepted in place of completed application.

DATE OF APPLICATION: _____

This independent Wing Zone® franchise considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Last Name: _____ First Name: _____ Middle Initial: _____
 Street: _____ Street #/Apt. #: _____ City: _____ State: _____ Zip: _____
 Phone number with area code: _____ Cell Number: _____
 Social Security Number: _____
 Are You 18 Or Older? " Yes If No; Age: _____
 If you are applying for the position of (Delivery Driver), please provide your driver's license number and vehicle insurance policy number below.
 Driver's License Number _____
 Insurance Company Name _____ Policy Number _____

Have you ever worked in a Wing Zone® Restaurant before? " Yes " No If Yes, please give dates, location and reason for leaving:

Only those U.S. citizens or aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the United States and your identity? " Yes " No

Position for which you are applying? _____ Desired pay: _____
 Date available for work: _____ Amount of Work: " Full-time " Part-time
 Hours Available: _____
 How far do you live from our location? _____
 Do you have transportation to work? _____

If you did not graduate from High School, circle the last year completed in school: 5 6 7 8 9 10 11

Name and location of school(s) attended	Graduate? Yes/No	Degree Awarded	Major Area Of Study
High School			
College			
Other			

List any other education, specialized training, skills, certificates or licenses that you have that might relate to this job.

Please list **ALL JOBS** you have held for the past seven years, beginning with your present or last employer. Account for **ALL** time periods, including **UNEMPLOYMENT, SCHOOL, SELF-EMPLOYMENT** and **U.S. MILITARY SERVICE**. If space is insufficient, list on a separate page and attach it to this application.

1. Company: _____ Location: _____
Phone #: _____ Job: _____
Supervisor: _____ Dates Worked: From: _____ To: _____
Salary: _____ Reason For Leaving: _____
May we contact this employer for a reference? " Yes " No

2. Company: _____ Location: _____
Phone #: _____ Job: _____
Supervisor: _____ Dates Worked: From: _____ To: _____
Salary: _____ Reason For Leaving: _____
May we contact this employer for a reference? " Yes " No

3. Company: _____ Location: _____
Phone #: _____ Job: _____
Supervisor: _____ Dates Worked: From: _____ To: _____
Salary: _____ Reason For Leaving: _____
May we contact this employer for a reference? " Yes " No

DO NOT ANSWER THE FOLLOWING QUESTION IF YOUR STATE PROHIBITS SUCH DISCLOSURE. *A Record or*

Conviction does not necessarily disqualify you from employment consideration. During the past seven years have you ever been convicted of a crime, excluding misdemeanors and traffic violations? " Yes " No If yes, describe in full:

1. I certify 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 independent Wing Zone® franchise. 2. I authorize the references listed above 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 Zone® franchise reserves the right to amend or modify the policies of this Wing Zone® franchise at any time without prior notice. These policies do not create any promises or contractual obligations between this independent Wing Zone® franchise and its employees. At this Wing Zone® 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 Zone® franchise retains the same rights. The independent Owner/Operator of this Wing Zone® franchise is the only person who may make an exception to this, and it must be in writing and signed by the Owner/Operator. The independent Owner/Operator of this franchise is solely responsible for all terms, conditions and any other issues concerning my employment.

DATE: _____ **SIGNATURE:** _____

YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR THIRTY DAYS. FOR CONSIDERATION AFTER THAT YOU MUST REAPPLY. THIS BUSINESS IS OWNED AND OPERATED BY AN INDEPENDENT WING ZONE® FRANCHISEE.