



APPLICATION FOR EMPLOYMENT
(AN EQUAL OPPORTUNITY EMPLOYER)

DATE: _____

SOC. SEC. NUMBER _____

NAME: _____ LAST FIRST MIDDLE

ADDRESS: _____ STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 19 YRS. OR OLDER? _ YES _ NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? _ YES _ NO

EMPLOYMENT DESIRED:

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF YES MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

EDUCATION

NAME AND LOCATION OF SCHOOL NO. YRS ATTENDED GRADUATE?

HIGH SCHOOL: _____

COLLEGE: _____

FORMER EMPLOYERS (LIST LAST 3 EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF EMPLOYER DATES EMPLOYED POSITION/WAGE REASON FOR LEAVING

1 _____ - _____ / _____
PHONE # _____ / _____ - _____

2 _____ - _____ / _____
PHONE # _____ / _____ - _____

3 _____ - _____ / _____
PHONE # _____ / _____ - _____

PERSONAL REFERENCES

1) _____
 NAME ADDRESS PHONE YRS. KNOWN

2) _____
 NAME ADDRESS PHONE YRS. KNOWN

IN CASE OF EMERGENCY NOTIFY _____
 NAME ADDRESS PHONE RELATION

WHY DO YOU FEEL WINTZELL’S SHOULD HIRE YOU FOR THIS POSITION?

YOU ARE SCHEDULED TO GET OFF WORK AT 4:00 AND THE INDIVIDUAL WHO IS SCHEDULED TO BEGIN WORK AT 4:00 DOES NOT SHOW UP. WHAT DO YOU DO?

WHAT DO YOU CONSIDER TO BE MORE IMPORTANT AS FAR AS A RESTAURANT IS CONCERNED – COURTEOUS SERVICE OR A QUALITY PRODUCT?

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___ Details _____

HAVE YOU EVER BEEN ARRESTED? YES ___ NO ___ Details _____

Note: Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

WINTZELL’S RESTAURANTS WILL REQUIRE YOU TO ATTEND A SAFE FOOD HANDLERS CLASS AND OBTAIN A FOOD HANDLERS CARD. THIS WILL BE AT YOUR EXPENSE AND A REQUIREMENT OF WINTZELLS. IS THIS A PROBLEM ___ YES ___ NO

WINTZELL’S PROUDLY OFFERS A SAFE, CLEAN, FUN AND DRUG FREE WORKING ENVIRONMENT. POST ACCIDENT DRUG TESTING WILL BE REQUIRED AND A POSITIVE DRUG TEST OR A FAILURE TO COOPERATE IN DRUG TESTING COULD RESULT IN TERMINATION AND DENIAL OF WORKER’S COMPENSATION BENEFITS AS PERMITTED BY LAW. WOULD YOU BE WILL WILLING TO UNDERGO DRUG TESTING IF ASKED TO DO SO BY THIS COMPANY? ___ YES ___ NO

AVAILABILITY

Circle all shifts that you would NOT be able to work: AM (open - 4:00 p.m.) PM (4:00 p.m. - close)

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

COMMENTS: (Special Circumstances, future obligations, holidays, school breaks, etc.)

“I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.”