

Wildwood Grill Application for Employment We are an equal opportunity employer.

Instructions: Print clearly in black ink or type. Fill out the application form completely. If questions are not applicable, enter "n/a". Do not leave questions blank. Resumes will be accepted as additional information but not in place of a completed application. Please be sure to sign the application once completed

Equal Opportunity Employment: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or physical handicap, except where a bona fide, reasonable occupational qualification exists.

Name: _____ **Email:** _____

Address: (Current) _____ **Phone:** _____

(Permanent) _____ **Over 18?** y____ n____

Position applying for: _____ **Salary Expected:** _____

Are you over the age of 18? ____ **Yes** ____ **No**

Availability: Please mark the times that you CANNOT work with an 'X'.

Wed: AM____ PM____, **Thurs:** AM____ PM____, **Fri:** AM____ PM____,

Sat: AM____ PM____, **Sun:** AM____ PM____, **Mon:** AM____ PM____, **Tue:** AM____ PM____.

Please, describe and write any dates reasons outside of this availability that you would be unable to adhere to a regular schedule. I.E. upcoming vacations, education, or

Upon employment, can you submit proof of U.S. Citizenship or verification documents of your legal right to work in the United States? *Yes*____ *No*____

Were you previously employed by Wildwood Grill? *No*____ *If yes, when?* _____

Have you ever been convicted of a felony, pleaded No Contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 in the last two years?

Conviction does not necessarily disqualify an applicant.

*No*____ *If yes, please explain*→

Is there any reason you cannot perform the essential functions of the position/positions for which you are applying? *If yes, explain* _____

EDUCATION:

(note: transcripts may be required for verification)

MILITARY: Active Duty Dates

From _/_/_ to _/_/_

BRANCH: _____

Type of School	Name and location of school	Hours Completed	Graduated ?		Diploma/ Degree	Field of Study
			y	n		
High School or GED						
College, University, Tech or Vocational						

EMPLOYMENT RECORD: Please indicate previous employment, starting with your most recent position.

Employer and location:		Business Type:	Full / Part / Seasonal?
		Phone #:	
Start Date	End Date	Starting pay and title	Ending pay and title
___/___/___	___/___/___		
<i>Supervisor Name:</i>		<i>Reason for leaving:</i>	
<i>Please describe your responsibilities:</i>			

Employer and location:		Business Type:	Full / Part / Seasonal?
		Phone #:	
Start Date	End Date	Starting pay and title	Ending pay and title
___/___/___	___/___/___		
<i>Supervisor Name:</i>		<i>Reason for leaving:</i>	
<i>Please describe your responsibilities:</i>			

Employer and location:		Business Type:	Full / Part / Seasonal?
		Phone #:	
Start Date	End Date	Starting pay and title	Ending pay and title
___/___/___	___/___/___		
<i>Supervisor Name:</i>		<i>Reason for leaving:</i>	
<i>Please describe your responsibilities:</i>			

Current Licenses or Registrations:

Special Skills and Qualifications:

What languages can you speak?

Do you have any relatives working with Wildwood Grill? No ___ Yes ___

If yes, please list: _____

Please read carefully before signing. Please ask for assistance if you have any questions:

- *I hereby certify that the following statements, as well as those on any attached forms, to the best of my knowledge are true and correct and that they are all given of my own free will. I agree that any inaccuracy will constitute grounds for unfavorable consideration or dismissal from employment.*
- *I authorize you to communicate with my former employers, schools, officials, and persons listed as reference.*
- *I understand that, as this organization deems necessary, I may be required to work overtime hours, and that I may be terminated at any time without liability to me for salary, wages, or benefits.*

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Applicant Signature _____ **Date:** ___/___/___