



THE BEST WING SINCE SLICED BREAD
APPLICATION FOR EMPLOYMENT

PLEASE PRINT

GENERAL INFORMATION

Date: _____
 Month Date Year

Name: _____ Date of Birth: / /
 First Middle Initial Last Month/Date/Year

Address: _____
 Street City State Zip

Phone Number: _____ Cell Phone Number: _____

Have you ever worked for a RuChDa Wings store before? Yes No If Yes, when/Where: _____

Are you 16 years of age or over(proof of age or work permit may be required)? Yes No

Are you legally able to be employed in this country(if hired, verification will be required by law)? Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain: _____
(a conviction record does not necessarily disqualify you from employment; factors such as the date of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account)

What type of position are you seeking? Part-Time Full-Time Seasonal Temporary Total hours available per week: _____

Date available to start work: _____ Are you willing to work holidays/weekends? Yes No

WORK SCHEDULE AVAILABILITY

What shift/hour are you available to work? We have shifts from 11:00am to 11:00pm on Monday - Saturday.

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

EDUCATION

Type of School	School Name	City	State	Year Attended	Degree/Courses	Grade Avg.
HIGH SCHOOL						
COLLEGE						

Activities/Other Training: _____

WORK EXPERIENCE

List below your most recent employers, beginning with the most recent one.

Company:	Address:
Job Title:	Supervisor/Phone number:
Date Started:	Date Left:
Start Salary or Wage: ()Hourly ()Weekly ()Yearly	End Salary or Wage: ()Hourly ()Weekly ()Yearly
Reason for Leaving:	

Company:	Address:
Job Title:	Supervisor/Phone number:
Date Started:	Date Left:
Start Salary or Wage: ()Hourly ()Weekly ()Yearly	End Salary or Wage: ()Hourly ()Weekly ()Yearly
Reason for Leaving:	

REFERENCES

Please do not use family members

Name	Relations	Phone Number	Years Known

VOLUNTEER & MILITARY EXPERIENCE

Volunteer Experience:

(Exclude activities relating to race, religion, color, ancestry, age, national origin, gender or disability)

Skills Acquired:

U.S. Military Experience: (If applicable)

Skills Acquired:

I CERTIFY THAT I HAVE READ AND FULLY COMPLETED THIS FORM AND THAT THE INFORMATION CONTAINED HEREIN TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR FALSE INFORMATION IS GROUNDS FOR DISMISSAL.

Signature:

Date: