



**GOLDEN FLAME® HOT WINGS**  
APPLICATION FOR EMPLOYMENT  
\*AN EQUAL OPPORTUNITY EMPLOYER\*



*This Company will not discriminate in its employment and personnel practices because of a person's age, sex, marital status, race, creed, color, national origin, religion or the presence of any sensory, mental or physical disability unless based upon a bona fide occupational qualification.*

**PERSONAL**

Name:			Date:		
Last		First	MI		
Address:					
Street		City	State	Zip Code	
Phone: ( )		Social Security No:		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about us?		<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In			
		<input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other			
Position or type of employment desired:					
Available:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date Available	
Check all the shifts you are available to work?		<input type="checkbox"/> Day Shift <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings			
Have you ever filed an application with us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes" give date	
Are you employed now?		<input type="checkbox"/> Yes <input type="checkbox"/> No		(If Yes) May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you travel if job requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously worked for <i>This Company</i> as either a regular or temporary employee?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
(If "yes") Name of manager:		Dates of employment:			
Are you legally eligible for employment in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Note: proof of eligibility will be required prior to the start of employment.</b>					
Have you been convicted of a felony within the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
(If "yes") Please describe briefly, including dates:					
<b>Note: A conviction will not necessarily disqualify an applicant from employment.</b>					

**EDUCATION**

	Name/Location	Years Completed	Did you Graduate?	Subjects Studied/Degrees
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				

Please list any foreign languages you can speak, read and/or write:

**SKILLS**

Please list any other special training, skills and experience which might be of value to the company. Include all factory, office and computer equipment, including computer software programs, which you can operate:

## WORK EXPERIENCE

Starting with your present or last position, list the last three jobs (including military service) you have held. If additional work history is relevant, please attach additional documents. **Work experience must be completed even if it is listed on a resume.**

Employer:

Address

City

State

Zip Code

Position Held:

Date Started:

Name of Supervisor:

Starting wage:

Ending Wage:

Date Ended:

Reason for Leaving:

Duties:

Employer:

Address

City

State

Zip Code

Position Held:

Date Started:

Name of Supervisor:

Starting wage:

Ending Wage:

Date Ended:

Reason for Leaving:

Duties:

Employer:

Address

City

State

Zip Code

Position Held:

Date Started:

Name of Supervisor:

Starting wage:

Ending Wage:

Date Ended:

Reason for Leaving:

Duties:

## REFERENCES

Name/Occupation

Address

Daytime Phone

( )

( )

( )

## OTHER

State any additional information you feel may be helpful to us in considering your application.

## APPLICANT'S STATEMENT

I certify that all information given on this application (and any accompanying documents) is true and complete to the best of my knowledge. I understand that misrepresentations or omission of facts called for may result in rejection of my application or dismissal. I further authorize investigation of all statements and information provided in this application and interview process, as may be necessary for the company to make an employment decision. This authorization allows this company and its agents to contact and receive information from the references listed above, and any other entities or individuals which may be able to provide information relevant to employment. I hereby understand and acknowledge that any employment relationship with this organization is of an "at-will" nature, which means that the employee may resign, and the employer may discharge the employee, at any time, without prior notice, and with or without cause. It is further understood that no one has the right to alter the "at-will" status of the employment relationship without written authorization from the CEO of the organization. If employed, I agree to comply with company policies and procedures as a condition of continued employment.

Signature of Applicant:

Date:

## FOR OFFICE USE ONLY

Start Date:

Start Rate:

Department:

Supervisor: