

# DICK'S WINGS & GRILL

## APPLICATION FOR EMPLOYMENT

				DATE _____			
Name _____		_____		_____		_____	
Last		First		Middle		Maiden	
Present address _____				_____			
Number		Street		City		State Zip	
How long _____				Social Security No. _____ . _____ . _____			
Telephone (____) _____							
If under 21, please list age _____							
Position applied for (1) _____				Days/hours available to work			
and salary desired (2) _____				No Pref _____ Thur _____			
(Be specific)				Mon _____ Fri _____			
				Tue _____ Sat _____			
				Wed _____ Sun _____			
How many hours can you work weekly? _____				Can you work nights? _____			
Employment desired		<input type="checkbox"/> FULL-TIME ONLY		<input type="checkbox"/> PART-TIME ONLY		<input type="checkbox"/> FULL- OR PART-TIME	
When available for work? _____							
HAVE YOU EVER BEEN CONVICTED OF A CRIME?				<input type="checkbox"/> No		<input type="checkbox"/> Yes	
If yes, number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, nature of rehabilitation: _____							
_____							
_____							
Please list two previous employers we may contact:							
Name _____				Name _____			
Position _____				Position _____			
Company _____				Company _____			
Address _____				Address _____			
_____				_____			
Telephone (____) _____				Telephone (____) _____			
I hereby authorize you to contact the above listed employers for the purpose of confirming my previous work experience, job performance, and/or compensation. Signature _____							
HAVE YOU EVER FILED A WORKER'S COMPENSATION CLAIM?				<input type="checkbox"/> No		<input type="checkbox"/> Yes	
If yes, describe nature of injury/claim, including place of employment and date(s): _____							
_____							
_____							
_____							