



FRICKIN' JOB APPLICATION

TELL US ABOUT YOU!							
Last Name	First Name	Middle	Social Security Number				
Street Address	City	State	ZIP	Phone ()			
Are you a US citizen or do you have a legal right to work in the US? Yes <input type="radio"/> No <input type="radio"/>	WAH-BO Grill Job offers are dependent upon completion of an I-9 Form and provision of required supporting documentation establishing your identity and authorization to work.						
Position(s) For Which You Are Applying	<input type="radio"/> Full Time		<input type="radio"/> Summer		<input type="radio"/> Temporary		
	<input type="radio"/> Part Time		<input type="radio"/> Other _____		<input type="radio"/> Mother's Hours		
Have you ever been convicted of a crime other than a minor traffic violation? Yes <input type="radio"/> No <input type="radio"/>	If yes, when	Where	Nature & Disposition of Conviction				
Are you related to any existing or former WAH-BO employee? Yes <input type="radio"/> No <input type="radio"/>	If yes, please provide name & relationship:						
Desired Wage	Date Available to Start Work		Are you 18 years or older? Yes <input type="radio"/> No <input type="radio"/>				
EDUCATIONAL INFO							
Name & Address of School	Dates Attended*		Graduated		Date Degree Conferred	Major	Minor
	FROM (MO./YR.)	TO (MO./YR.)	YES	NO			
<i>High School</i>							
<i>College/Other</i>							
<i>Graduate School</i>							
<i>*Information required to secure records and all pertinent data from school officials.</i>							
Are you currently enrolled in school? Yes <input type="radio"/> No <input type="radio"/>	If yes, where are you enrolled? Day <input type="radio"/> Evening <input type="radio"/>						
Have you used any other name or social security number other than those listed? Yes <input type="radio"/> No <input type="radio"/>							
If yes, please list:							
<i>*For identification purposes only</i>							
<p style="text-align: center;">WAH-BO Grill is committed to maintaining a smoke free and drug free workplace.</p> <p style="text-align: center;">The company reserves the right to administer drug tests to applicants and employees to the extent permitted by law.</p> <p style="text-align: center;">All applicants will receive consideration without regard to race, color, sex, marital status, sexual orientation, religion, age, national origin, disability, handicap, veteran status, or any other protected category.</p> <p style="text-align: center;">Reasonable accommodations will be provided in accordance with the law.</p>							

TELL US MORE ABOUT YOURSELF...

Please list below any other job related accomplishments, professional distinctions, certifications, or verifiable volunteer work.

EMPLOYMENT HISTORY

List all present and past employment, beginning with your most recent for the last seven years. Please attach additional sheets if necessary.

Company Name/Address/Telephone Number: ()		Immediate Supervisor:		
		Your Job Title/Position:		
Dates Employed		Starting Wage or Salary:	Present/Ending Wage or Salary:	If still employed, may we contact your present supervisor? Yes <input type="radio"/> No <input type="radio"/>
FROM MO./YR.)	TO (MO./YR.)			
Reason(s) For Leaving:				
Describe Your Duties:				

Company Name/Address/Telephone Number: ()		Immediate Supervisor:		
		Your Job Title/Position:		
Dates Employed		Starting Wage or Salary:	Present/Ending Wage or Salary:	If still employed, may we contact your present supervisor? Yes <input type="radio"/> No <input type="radio"/>
FROM MO./YR.)	TO (MO./YR.)			
Reason(s) For Leaving:				
Describe Your Duties:				

Company Name/Address/Telephone Number: ()		Immediate Supervisor:		
		Your Job Title/Position:		
Dates Employed		Starting Wage or Salary:	Present/Ending Wage or Salary:	If still employed, may we contact your present supervisor? Yes <input type="radio"/> No <input type="radio"/>
FROM MO./YR.)	TO (MO./YR.)			
Reason(s) For Leaving:				
Describe Your Duties:				

EMPLOYMENT HISTORY (CONTINUED NEXT PAGE)

EMPLOYMENT HISTORY (CONTINUED)

Company Name/Address/Telephone Number: ()		Immediate Supervisor:		
		Your Job Title/Position:		
Dates Employed		Starting Wage or Salary:	Present/Ending Wage or Salary:	If still employed, may we contact your present supervisor? Yes <input type="radio"/> No <input type="radio"/>
FROM MO./YR.)	TO (MO./YR.)			
Reason(s) For Leaving:				
Describe Your Duties:				

MILITARY HISTORY

BRANCH OF SERVICE	Dates of Service	
	From	To

Did you receive any military training related to the job for which you are applying? Yes No

If yes, please explain:

PROFESSIONAL REFERENCES (Non-family Members)

Name	Address	Occupation/Telephone #
		Occupation: Telephone: ()
		Occupation: Telephone: ()
		Occupation: Telephone: ()

AVAILABILITY

When are you available to work?

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Hours Available							

SIGNATURE**PLEASE READ CAREFULLY BEFORE SIGNING**

By my signature below, I affirm that I have read and understand this application, that I have not withheld any information requested, and that the statements I have made are true. I understand that any omission or misrepresentation of fact in this application may result in refusal or termination of employment.

I authorize verification and investigation of the statements made on this application and of my employment history.

If I am accepted for employment, I understand and agree that such employment will be at will and may be terminated by either me or WAH-BO Grill at any time with reason or no reason and with or without prior notice. I further understand and agree that this at-will employment status constitutes the entire understanding between me and the company regarding the right and ability of either party to terminate employment and that this at-will status cannot be changed except through a written understanding signed by the CEO and President of WAH-BO Grill.

Signature _____ Date _____