



Wingstop Employment Application

Date: / /

Programs, services and employment are available equally to everyone

APPLICANT DATA:

Position applied for:

How were you referred to us: _____

Full Name: _____

LAST FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Phone: () Mobile/Beeper/Other Phone: () Email Address: _____

Starting Date: _____ Social Security #: _____ Desired Salary: _____

Days Available:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Available Time:							

If you are under 18 and we require a work permit, can you furnish YES NO

If no, please explain: _____

Have you ever worked for this company? YES NO If yes, when? _____

Are you a citizen of the United State YES NO If not, do you have work papers? YES NO

Type of employment desired: Full-time Part Time Temporary Season

Have you ever pled guilty to or no contest to been convicted of a crime? YES NO

If yes, give dates and details: _____

Answering yes to these questions does not constitute to an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration.

Driver's License number if applicable to position: _____ State: _____

EDUCATION:

High School: _____ Address: _____

of Years Completed: _____ Did you graduate? YES NO Degree: _____

Major: _____ GPA: _____ Class Rank: _____

College/University _____ Address: _____

of Years Completed: _____ Did you graduate? YES NO Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Other: _____ Address: _____

of Years Completed: _____ Did you graduate? YES NO Degree: _____

Major: _____ GPA: _____ Class Rank: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held:

Firm: Address:

Phone: () Supervisor: Title:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for reference? [] YES [] NO

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held:

Firm: Address:

Phone: () Supervisor: Title:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for reference? [] YES [] NO

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held:

Firm: Address:

Phone: () Supervisor: Title:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for reference? [] YES [] NO

I certify that my answers are true and complete to the best of my knowledge, and I authorize you to make such investigations and inquiries of my personal employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision.

I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) with Wingstop, may result in discharge.

Signature of Applicant: Date: