

EMPLOYMENT APPLICATION

1. Employer Information

Employer: WING SNACK EXPRESS INC
Address: 3570 HOLIDAY DRIVE SUITE 1
City/State/ZIP: NEW ORLEANS, Louisiana 70114
Telephone: 504-366-6225

It is the policy of WING SNACK EXPRESS INC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Name: _____
Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Age: _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: _____

5. Salary Desired: \$ _____ per _____

6. Who referred you to our company? _____

7. How will you get to work? _____

8. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

If no, please state any limitations:

9. If applicable, are you available to work overtime? _____ Yes _____ No

10. If you are offered employment, when would you be available to begin work?

11. Are you able to perform the essential functions of the job position with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you require?

12. Have you ever been convicted of any crime, including traffic violations?
_____ Yes _____ No

If yes, please describe: _____

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

13. Applicant Employment History

List your current or most recent employment first.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

14. Please provide any other information that you believe should be considered:

15. Please specify which location you are applying to:

New Orleans Location

Kenner Location

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize WING SNACK EXPRESS INC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE