



Employment Application

In compliance with Federal and State equal employment opportunity laws, it is this company's intention to consider all applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, the presence of non-job related medical conditions or any other protected classification.

(PLEASE PRINT CLEARLY)

Application for position as _____ Social Security # _____
 Name _____ Today's Date _____
FIRST MIDDLE LAST Phone # (____) _____

Address _____ City _____ State _____ Zip _____

If you are under the age of 22, and applying for a position that requires you to serve alcohol, please state your date of birth: _____

Are you authorized to work in the United States? Yes No

Date able to start _____ Pay Expected _____

Are you available to work full time? Yes No How many hours do you expect to work a week? _____
Minimum Maximum

If not, what hours can you work? _____

Indicate the shifts you are available to work By marking an "X" in the boxes below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

High school attended _____ Did you graduate? Yes No

College attended _____ Numbers of years completed _____

Major / Minor _____ Did you graduate? Yes No

Please list any special abilities or knowledge which you have that are related to the job for which you are applying. (Please do not list those items which are related to race, sex, religion, color, national origin, age, marital status, disability or non-job related medical conditions): _____

In addition to work experience described in this application, what other experiences, skills or abilities do you have that should be considered in evaluating your qualifications for this job? _____

EMPLOYMENT EXPERIENCE (start with the most recent)

1. Name of company _____ Dates of employment _____
 Name of Supervisor _____ Phone # _____
 Job Title _____ Reason for leaving _____
2. Name of company _____ Dates of employment _____
 Name of Supervisor _____ Phone # _____
 Job Title _____ Reason for leaving _____
3. Name of company _____ Dates of employment _____
 Name of Supervisor _____ Phone # _____
 Job Title _____ Reason for leaving _____

REFERRAL SOURCE: Advertisement Employee Relative Government Employment Agency
 Walk-in Other _____

Do you have a relative working for Wapango? If so, where and what is his / her position?

REFERENCES

1. Name _____ Phone# _____ Years Known _____

2. Name _____ Phone# _____ Years Known _____

Will you abide by the safety rules of this company? Yes No

Have you ever been convicted of a felony, pled guilty to a felony resulting in a conviction, or been placed on probation (except in CA) for a felony offense? In California, exclude any conviction more than 2 years old for a marijuana-related offense.

Yes No

(Conviction will not necessarily disqualify an applicant for employment, but date and type of conviction may be considered for job placement.)

If Yes	Date	Nature of Conviction	Where	Disposition

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information I have provided on this application is correct and that any false statements or omissions will justify my rejection or dismissal. I authorize the company to contact any of my previous employers as well as any reference source to verify the facts and information I have furnished regarding information provided on this application, on my resume, or during my interview. I authorize any person(s) having knowledge to provide such information to the company, and release from liability and agree to hold harmless any person that furnishes such information in good faith, as allowed by applicable state and federal laws. I will agree to a drug test, if permitted by law, to be paid for by the company. Should I become involved in a claim for worker’s compensation or any other litigation after employment by the company, I will allow the company to supply my employment records (as allowed by applicable state and federal laws) to an opposing party. If employed by the company, I understand that I will be an employee at will and that my employment with Wapango, LLC or any of its subsidiaries or affiliates (collectively, “Wapango”), may be terminated at anytime by myself or Wapango for any reason whatsoever. Should I become employed by Wapango, I also authorize Wapango to conduct any additional background checks should they become necessary at any point during my employment. I also understand that the terms of my employment shall be based on all provisions described in the Wapango Handbook, which may be periodically amended. Finally, I understand that this is only an application for employment and neither an offer of or a contract of employment and no part of this application shall be construed as an offer of employment or an employment contract.

Date

Signature of Applicant

05/05