

# SO YOU WANT TO WORK AT THE WAGON?

Complete fully and return. Be honest. We will find out if you are not.



## SO WHAT IS YOUR NAME AND WHERE DO YOU LIVE?

Last Name			First			M.I.		Date		
Street Address						Apartment/Unit #				
City				State			ZIP			
Phone				E-mail Address						
Date Available			Desired Hourly Wage			Where would you like to work (check all that apply):				
Position Applied for			Desired Number of Weekly Hours			<input type="checkbox"/> Production Kitchen <input type="checkbox"/> Carolina Beach Retail Store <input type="checkbox"/> Masonboro Retail Store				

## WHEN DO YOU WANT TO SHOW UP?

Monday	AM <input type="checkbox"/>	Mid-day <input type="checkbox"/>	PM <input type="checkbox"/>	Whenever <input type="checkbox"/>	Off <input type="checkbox"/>
Tuesday	AM <input type="checkbox"/>	Mid-day <input type="checkbox"/>	PM <input type="checkbox"/>	Whenever <input type="checkbox"/>	Off <input type="checkbox"/>
Wednesday	AM <input type="checkbox"/>	Mid-day <input type="checkbox"/>	PM <input type="checkbox"/>	Whenever <input type="checkbox"/>	Off <input type="checkbox"/>
Thursday	AM <input type="checkbox"/>	Mid-day <input type="checkbox"/>	PM <input type="checkbox"/>	Whenever <input type="checkbox"/>	Off <input type="checkbox"/>
Friday	AM <input type="checkbox"/>	Mid-day <input type="checkbox"/>	PM <input type="checkbox"/>	Whenever <input type="checkbox"/>	Off <input type="checkbox"/>
Saturday	AM <input type="checkbox"/>	Mid-day <input type="checkbox"/>	PM <input type="checkbox"/>	Whenever <input type="checkbox"/>	Off <input type="checkbox"/>
Sunday	AM <input type="checkbox"/>	Mid-day <input type="checkbox"/>	PM <input type="checkbox"/>	Whenever <input type="checkbox"/>	Off <input type="checkbox"/>

Do you foresee any changes in your schedule in the next 6 months?

## MORE FORMALITIES.

Have you ever worked for us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, which location?	Dates:
Have you ever shopped with us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
18 or over?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	21 or over?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How did you hear about this job?				

## WHERE HAVE YOU BEEN SCHOOLED?

High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Higher Education			Field of Study			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

## PEOPLE WHO YOU KNOW THAT KNOW YOU – NO FAMILY.

*Please list three professional references.*

Full Name			Relationship		
Company			Phone		
Address					

**PEOPLE WHO YOU KNOW THAT KNOW YOU – CONT'D.**

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**NON PAID FEEL GOODS.**

Volunteer Work	
Awards	
Clubs or Associations	
International Travel	

**LET'S TALK ABOUT YOU.**

<i>Tell us why you want to work here.</i>	
<i>What does local mean to you?</i>	
<i>Name three chivalrous acts that you could do for a customer in the store.</i>	
<i>If you did not have to worry about money or anything else for a week, what would you do and what would you buy?</i>	
<i>How much do you know about beer and wine?</i>	

If you could cook any meal imaginable, what would you cook? Please name an appetizer, entrée, and dessert.

Do you have any additional skills you may want to share with us?

**OTHER PLACES YOUR PAYCHECKS HAVE COME FROM.**

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From To

Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From To

Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From To

Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date