

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 | | | | Desire d | | | | 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? | | | | | |
| Do you have any relationship to any current or former employee? (Family, friend, significant other, etc?) | | | | | |

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> | |
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|-------------------------------------|--|
| <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.

I consent to a criminal background check.

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