

APPLICATION FORM

For more information, please visit our website at

<https://www.supercrownwings.com/join-us/>



PERSONAL INFORMATION

Please fill out and sign the form and return to us as soon as possible.

Full Name

First

Middle

Last

Gender ☐ Male ☐ Female

Age

Address

Street Address

Apt/Suite

City

State

Zip Code

Email

Phone

Social Security Number (SSN)

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S?

☐

YES

☐

NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

☐

YES*

☐

NO

IF YES, PLEASE EXPLAIN:

EDUCATION

High School

City/ State

From

To

Graduate? ☐ YES ☐ NO

College

City/ State

From

To

Graduate? ☐ YES ☐ NO

Degree

Other**City / State****From****To****Degree/Certification****PREVIOUS EMPLOYMENT (ONLY RESTAURANT RELEVANT)****Employer 1**

Company / Individual

Email**Phone****Address**

Street Address

Apt/Suite

City

State

Zip Code

Job Title**Responsibilities****From****To****Reason For Leaving****Employer 2**

Company / Individual

Email**Phone****Address**

Street Address

Apt/Suite

City

State

Zip Code

Job Title**Responsibilities****From****To****Reason For Leaving****Employer 3**

Company / Individual

Email**Phone**

**Address**

Street Address

Apt/Suite

City

State

Zip Code

Job Title**Responsibilities****From****To****Reason For Leaving****BACKGROUND CHECK CONSENT****IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?**☐

YES

☐

NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

Signature_____
Print Name_____
Date