



**APPLICATION FOR EMPLOYMENT**  
**WESFAM RESTAURANTS, INC.**  
**AN EQUAL OPPORTUNITY EMPLOYER**

DATE OF APPLICATION*	POSITION APPLYING FOR
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This application will be considered current for a period of thirty (30) days following this date. If, at the end of the period, you still wish to be considered for employment by Wesfam Restaurants, it will be necessary for you to complete another application.

**Wesfam Restaurants does not engage in any form of unlawful discrimination. No question on this application is intended to elicit information for a discriminatory purpose. If you feel that you have a concern in this area, please call it to the attention of the Wesfam office.**

**PERSONAL (PLEASE PRINT)**

NAME \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

SOCIAL SECURITY NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

IS YOUR CITIZENSHIP OR IMMIGRATION STATUS SUCH THAT YOU CAN LAWFULLY WORK IN THE U.S.?  YES  NO  
 Initial hiring and continued employment may be dependent upon proof that you are not an "authorized" alien as defined in the immigration Reform and Control Act of 1986. All applicants will be required to furnish proof of identity and legal work authorization prior to hire.

WHAT IS THE BEST TIME TO REACH YOU? \_\_\_\_\_ MAY WE CONTACT YOU AT YOUR PRESENT PLACE OF EMPLOYMENT:  YES  NO

**EDUCATION**

SCHOOL NAME AND LOCTIONS	TOTAL # YEARS ATTENDED	DID YOU GRADUATE	GPA	DEGREE MAJOR OR TOAL HOURS
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
TRADE OR BUSINESS SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE/UNIVERSITY		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE/UNIVERSITY		<input type="checkbox"/> YES <input type="checkbox"/> NO		

LIST SCHOLARSHIPS, ACADEMIC HONORS, AWARDS, MEMBERSHIPS AND ELECTED OFFICES HELD IN EXTRA-CURRICULAR SCHOOL OR PROFESSIONAL ACTIVITIES. (EXCLUDE THOSE INDICATING RACE, RELIGION, AGE, SEX, COLOR, NATIONAL ORIGIN, HANDICAP OR VIETNAM VETERAN STATUS.)

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## EXPERIENCE

(GIVE PRESENT OR LAST POSITION FIRST, INCLUDE MILITARY SERVICE EXPERIENCE IF RELEVANT TO POSITION BEING APPLIED FOR. USE EXTRA SHEETS AS NECESSARY)

COMPANY		TYPE OF BUSINESS		
ADDRESS		TELEPHONE		
DATES OF EMPLOYMENT (MONTH/YEAR) FROM TO		ANNUAL SALARY OR HOURLY WAGE BEGINNING ENDING		POSITION(S) HELD
DESCRIPTION OF DUTIES				

SUPERVISOR'S NAME/POSITION	MAY WE CONTACT	REASON FOR LEAVING
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COMPANY		TYPE OF BUSINESS		
ADDRESS		TELEPHONE		
DATES OF EMPLOYMENT (MONTH/YEAR) FROM TO		ANNUAL SALARY OR HOURLY WAGE BEGINNING ENDING		POSITION(S) HELD
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## LIST ADDITIONAL BUSINESS AND PERSONAL REFERENCES

NAME	ADDRESS	POSITION	PHONE

**SKILLS**

DATA ENTRY  YES  NO      WORD PROCESSING  YES  NO      PLEASE LIST OTHER COMPUTER SKILLS BELOW

LIST OTHER SKILLS, PROFESSIONAL CERTIFICATIONS OR TRAINING WHICH YOU FEEL QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

HAVE YOU EVER WORKED AT BURGER KING? IF YES, WHEN, WHERE & POSITION(S) HELD      HAVE YOU EVER WORKED IN THE FOOD INDUSTRY? WHERE?  
 YES  NO       YES  NO

WHAT STARTING SALARY WILL YOU CONSIDER?      WHEN WOULD YOU BE AVAILABLE FOR EMPLOYMENT?

HOW WERE YOU REFERRED TO BURGER KING?       WALK IN       FRIEND       STATE EMP. SERVICE       AD  
 EMP. AGENCY       EMPLOYEE       INTERNET-WEB SITE       OTHER

ARE YOU WILLING TO RELOCATE?      LOCATION PREFERENCES/RESTRICTIONS  
 YES  NO

ARE YOU WILLING TO TRAVEL?      ARE YOU WILLING TO WORK  
 YES \_\_\_\_\_%  NO       NIGHTS       WEEKENDS       OVERTIME       SHIFTS       HOLIDAYS

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR?       YES  NO

IF YES, GIVE DETAILED EXPLANATION BELOW.  
NOTE: A RECORD OF CONVICTION *DOES NOT* DISQUALIFY YOU FROM EMPLOYMENT CONSIDERATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WESFAM RESTAURANTS, INC.  
DISCLAIMER**

In completing this application, I understand that it is very important that I be completely truthful. I realize that Wesfam is relying on my truthfulness. I agree that if it should be discovered that the information I am providing is inaccurate, misleading, or incomplete in any respect, I will be disqualified for employment or, if I have already been hired, my employment will be terminated immediately.

I understand and agree that if I should become employed by Wesfam, I will have the right to terminate my employment at any time for any reason, or for no reason. I further agree that Wesfam shall have the same right to terminate my employment. My employment at-will status cannot be modified unless such modification is set forth in writing in a document signed by both me and the Wesfam franchisee. Employee handbooks, manuals, personnel policies and procedures at Wesfam are not employment contracts and do not modify my status as an at-will employee.

I have read and understand the foregoing. I am seeking employment at Wesfam under the terms set forth herein. **I certify and declare that all of the information I have provided is true and correct.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request any former employer, school, law enforcement agency, financial institution or other persons having personal knowledge about me to furnish Data Facts with any and all information in their possession regarding me in connection with an application for employment.

I understand and offer my consent for Data Facts and Wesfam Restaurants, Inc. to inquire into and/or obtain any records such as previous employment, references, educational, motor vehicle records, workers compensation, and criminal histories.

My signature on this form waives any rights I may have to bring action for defamation, invasion of privacy or any other similar cause against Data Facts, Inc., agents for clients of Data Facts, Inc.

I acknowledge that a photocopy or fax of this authorization be accepted with the same authority as the original.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Applicants Full Name (please print) \_\_\_\_\_

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Maiden Name/Former Married Name (If name has changed in the last 7 years) \_\_\_\_\_

Drives License #/State Issued: \_\_\_\_\_

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Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Current Address	City/State	Zip Code	County	Length at Address
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Former Address	City/State	Zip Code	County	Length at Address
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Former Address	City/State	Zip Code	County	Length at Address
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Former Address	City/State	Zip Code	County	Length at Address
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**NOTE: WE NEED ALL ADDRESSES FOR THE PAST SEVEN YEARS**