

# Application for Employment

Main Street Wings, LLC d/b/a Buffalouie's is an Equal Opportunity Employer. All Employment decisions including, but not limited to, hiring, promoting, and terminating, are made free from discrimination based upon race, color, religion, marital status, veteran status, creed, gender, sexual orientation, age, national origin, disability or any other legally protected status.

**In answering questions contained within this application, you may exclude any information, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status and in submitting your answers you should focus on the job-related functions of the position that you are applying for.**

Date \_\_\_\_\_  
Full Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Current Address \_\_\_\_\_  
How Long at Current Address \_\_\_\_\_  
Previous Address \_\_\_\_\_

If you have ever worked under any name (maiden name, et.) other than present, Please state: _____	Social Security Number: _____ - _____ - _____
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Position applied for \_\_\_\_\_ Earnings expected \$ \_\_\_\_\_  
Reason for applying \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment in the State of Indiana? If not, please explain:  
\_\_\_\_\_



I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.  
Signature of Applicant: \_\_\_\_\_

## Education

Type of School	Name of School City / State	Major area of study	Check Last Year Completed	Graduated?
High School			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Trade			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
			4	<input type="checkbox"/> Yes <input type="checkbox"/> No
			4	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Work Experience

Please indicate any periods during the past 10 years when you were not actively employed.

From	To	Reason for Inactivity
MO.   YR.	MO.   YR.	
MO.   YR.	MO.   YR.	
MO.   YR.	MO.   YR.	
MO.   YR.	MO.   YR.	

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 Signature of Applicant: \_\_\_\_\_

Please list your last four positions beginning with the most recent.

<b>1. Firm Name:</b>	<b>Type of Business:</b>
<b>Address:</b> _____	<b>Phone:</b> _____
_____	_____
_____	_____
<b>Date</b> _____	<b>Rate of</b> _____
<b>Pay</b> _____	<b>Title and</b> _____
<b>Dept.</b> _____	
<b>Supervisor</b> _____	
<b>Telephone</b> _____	
<b>Starting</b> _____	
_____	
<b>Final</b> _____	
_____	
<b>Description of Duties:</b>	
_____	
<b>Reason for leaving:</b>	
_____	
<b>If currently employed, may we contact above employer and/or supervisor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If No, please explain:</b>	
_____	



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Signature of Applicant: \_\_\_\_\_

2. Firm  
Name:

Type of  
Business:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date \_\_\_\_\_

Rate of

Pay \_\_\_\_\_

Title and

Dept. \_\_\_\_\_

Supervisor \_\_\_\_\_

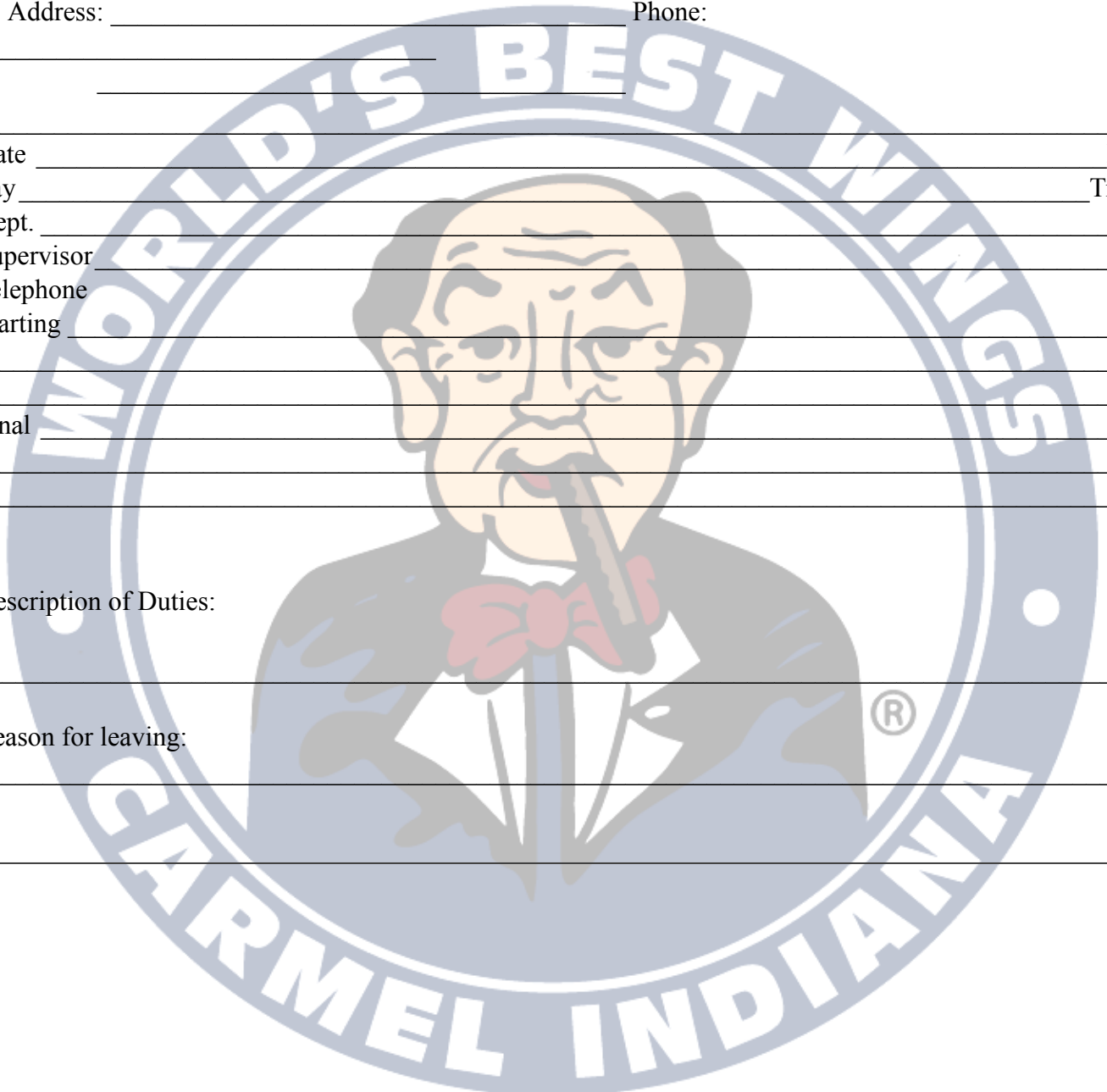
Telephone \_\_\_\_\_

Starting \_\_\_\_\_

Final \_\_\_\_\_

Description of Duties:

Reason for leaving:



**Buffa Louie's**  
Established 1987

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.  
Signature of Applicant: \_\_\_\_\_

3. Firm  
Name:

Type of  
Business:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date \_\_\_\_\_

Rate of

Pay \_\_\_\_\_

Title and

Dept. \_\_\_\_\_

Supervisor \_\_\_\_\_

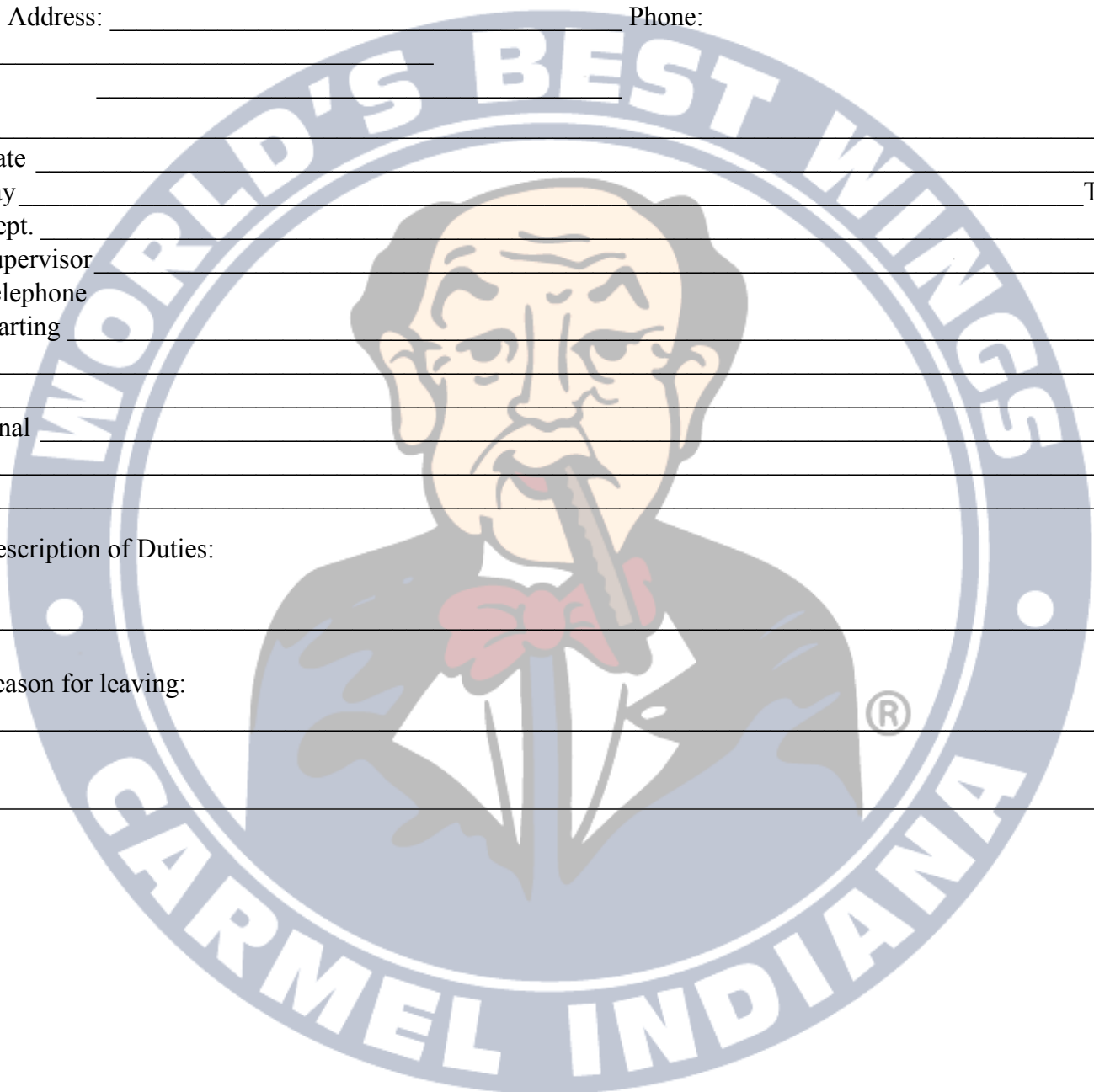
Telephone \_\_\_\_\_

Starting \_\_\_\_\_

Final \_\_\_\_\_

Description of Duties:

Reason for leaving:



**Buffa Louie's**  
Established 1987

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.  
Signature of Applicant: \_\_\_\_\_

4. Firm  
Name:

Type of  
Business:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date \_\_\_\_\_ Rate of \_\_\_\_\_

Pay \_\_\_\_\_ Title and \_\_\_\_\_

Dept. \_\_\_\_\_

Supervisor \_\_\_\_\_

Telephone \_\_\_\_\_

Starting \_\_\_\_\_

Final \_\_\_\_\_

Description of Duties:

Reason for leaving:

### Miscellaneous

If the job position requires such, are you willing to be bonded at our expense?  Yes  No If no, why not?

May we contact your last employer?  Yes  No

Are there any obstacles, which would prevent you from starting employment?  Yes  No

If yes, please explain \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Have you ever entered a plea of no contest to a criminal felony charge within the last 7 years?  Yes  No

If yes, please explain: \_\_\_\_\_

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Signature of Applicant: \_\_\_\_\_

Have you ever been terminated or asked to resign from any job? \_\_\_Yes \_\_\_No If yes, please explain the circumstances: \_\_\_\_\_

Please explain fully any gaps in your employment history:  
\_\_\_\_\_

### **Please Read Carefully**

I further understand that if I am employed by Main Street Wings, LLC d/b/a Buffalouie's, any false answers or statements made by me on this application or supplement thereto will be grounds for my immediate discharge from such employment.

I understand that if employed by Main Street Wings, LLC d/b/a Buffalouie's, my employment is for an indefinite term and is terminable at any time at the will of either the company or myself for any reason and that I am required to abide by all rules and regulations of Main Street Wings, LLC d/b/a Buffalouie's.

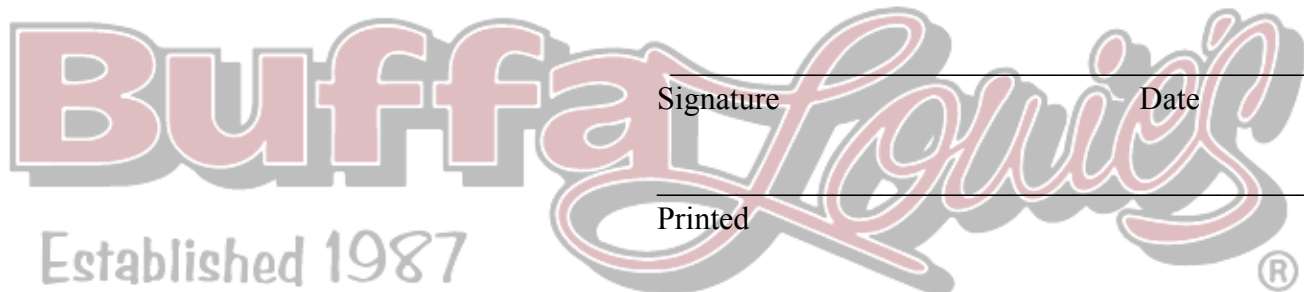
**I ALSO CERTIFY THAT I AM NOT PRESENTLY SUBJECT TO AN EMPLOYMENT CONTRACT, RESTRICTIVE COVENANT, CONFIDENTIALITY AGREEMENT OR ANY OTHER AGREEMENT WITH ANY COMPANY AND THERE IS ABSOLUTELY NOTHING THAT WILL PREVENT ME FROM ACCEPTING A POSITION WITH MAIN STREET WINGS, LLC d/b/a BUFFALOUIE'S IF IT SHOULD BE OFFERED TO ME.**

I also understand and agree that no representative of Main Street Wings, LLC d/b/a Buffalouie's has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

This application is current for only 60 days, at the conclusion of this time, if I have not heard from Main Street Wings, LLC d/b/a Buffalouie's and still wish to be considered for employment, it will be necessary to fill out a new application.

**I give Main Street Wings, LLC d/b/a Buffalouie's the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.**



Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed \_\_\_\_\_

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Signature of Applicant: \_\_\_\_\_