



**WAYNE'S  
FOODS PLUS**  
APPLICATION FOR EMPLOYMENT  
Equal Opportunity Employer  
Please Print Clearly

**PERSONAL INFORMATION**

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Are you under the age of 18? Yes \_\_\_ No \_\_\_ Are you at least 16? Yes \_\_\_ No \_\_\_  
(If under 16, you will have to provide us with a Work Permit if hired.)

If hired, can you provide proof of eligibility to work in the U.S. prior to your start date?  
Yes \_\_\_ No \_\_\_

Emergency contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

**EDUCATION**

High School Name and Location: \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ GED \_\_\_ No. of years attended: \_\_\_\_\_

College Name and Location: \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ No. of years attended: \_\_\_\_\_

Degree in: \_\_\_\_\_

**AVAILABILITY**

Date available for employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position (s) Desired: \_\_\_\_\_

Wage Desired: \$ \_\_\_\_ /hr. Hours Desired per week: \_\_\_\_\_  
(Please note: Wage and hours scheduled are at the discretion of management)

When can you work?

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
EARLIEST TIME							
LATEST TIME							

Are you seeking seasonal employment? Yes \_\_\_ No \_\_\_

If yes, for how long? From \_\_\_\_\_ To \_\_\_\_\_

Do you have any special time off already planned? Yes \_\_\_ No \_\_\_

If yes, when?: \_\_\_\_\_

**MISCELLANEOUS**

Were you previously employed by Wayne's? Yes \_\_\_ No \_\_\_

If yes, dates: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Location: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

What are your 3 main reasons for choosing Wayne's for prospective employment?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please summarize any special skills and qualifications acquired from employment or other experience:

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

Are you able to perform all the essential functions (either with or without accommodation) of the job for which you are applying? Yes \_\_\_ No \_\_\_

If hired, do you agree to abide by the safety rules of the company? Yes \_\_\_ No \_\_\_

Have you been convicted of a felony or released from prison/jail, as a result of a crime for which you were convicted (felony or misdemeanor) within the last 10 years? (Note: A conviction will not necessarily disqualify you from employment.) Yes \_\_\_ No \_\_\_

If yes, please explain, indicating the charge, place and action taken:

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

**REFERENCES**

Please do not use family members.

Name: \_\_\_\_\_

Phone No. ( \_\_\_\_ ) \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No. ( \_\_\_\_ ) \_\_\_\_\_ Years known: \_\_\_\_\_

**WORK HISTORY**

Have you ever worked before? Yes \_\_\_ No \_\_\_  
 If you worked under a different name, please indicate: \_\_\_\_\_

Begin with your most recent employer and account for your last three jobs for the last 7 years, whichever is shorter:

1. Employer's Name \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone No.: ( ) \_\_\_\_\_ Rate of pay: \_\_\_\_\_  
 Dates of employment: From / / To / /  
 Full Time \_\_\_ Part Time \_\_\_ Immediate Supervisor: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

2. Employer's Name \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone No.: ( ) \_\_\_\_\_ Rate of pay: \_\_\_\_\_  
 Dates of employment: From / / To / /  
 Full Time \_\_\_ Part Time \_\_\_ Immediate Supervisor: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

3. Employer's Name \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone No.: ( ) \_\_\_\_\_ Rate of pay: \_\_\_\_\_  
 Dates of employment: From / / To / /  
 Full Time \_\_\_ Part Time \_\_\_ Immediate Supervisor: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

May we contact the employers listed above? Yes \_\_\_ No \_\_\_  
 If not, indicate by number which one (s) you do not wish us to contact: \_\_\_\_\_  
 Do we have your permission to contact your current employer? Yes \_\_\_ No \_\_\_  
 If not, please explain: \_\_\_\_\_

Would you agree to a physical examination paid for by the company if requested? Yes \_\_\_ No \_\_\_

Fill out this form and email it to:  
 waynesfoodsplus.email@gmail.com

Or print out and mail to:  
 Wayne's Foods Plus  
 P.O. Box 366  
 26363 Lakeland Ave. S.  
 Webster, WI 54893

**EMPLOYMENT TEST**

Part 1 - No calculators please

.89		
.79		
3.39	10.00	35.25
<u>+2.79</u>	<u>-4.59</u>	<u>-33.08</u>

Part 2

1. Which do you consider more important as far as Wayne's Foods Plus is concerned?

a. courteous, prompt service or b. quality products

2. You are working alone and your shift is due to be over at 6 p.m. The individual who is scheduled to begin working at 6 p.m. does not show up. What do you do?

3. What do you consider to be the most important qualifications of a Wayne's Foods Plus employee?

**STATEMENT**

**This application of employment is not intended to be a contract of employment. Applications will be kept on file for 30 days. After 30 days, you will need to fill out a new application if you still want to be considered for a position.**

**\*\*DRUG TESTING NOTICE:\*\***

This notice is to inform you that Wayne's Foods Plus promotes a drug free work environment. If a job offer is extended to you, you may be required to submit to and pass a drug and/or alcohol test for the use of illegal substances prior to being hired. Additionally, a drug test may be required following a work related injury.

We are an equal employment opportunity company. R&J Grocery Enterprises, LLC. complies with all applicable employment discrimination laws, including those that prohibit discrimination on the basis of age, race, color, national origin, sex (including pregnancy), religious beliefs, disability, sexual orientation, citizenship status, military status, or any other basis protected by federal, state or local fair employment practice laws.

In consideration of my employment, I agree to conform to the rules and regulations of this company, whether outlined verbally or in the employee handbook. My employment and compensation can be terminated at will, with or without cause, with or without notice, at any time, at the option of either myself or the company.

All of the information on this application and made in conjunction with this application is correct and true to the best of my knowledge. I understand that any false or misleading statements made by me in connection with this application or the failure to disclose any material information will be grounds for immediate dismissal. Wayne's Foods Plus may investigate the information provided on my application. I hereby release my previous employers and other persons from all claims and liabilities for furnishing information in connection with this investigation.

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

Date \_\_\_ / \_\_\_ / \_\_\_