



www.buffalowildwings.com

JOIN the HERD TEAM MEMBER APPLICATION

WINGS OF MISSOULA LLC
IS AN EQUAL OPPORTUNITY EMPLOYER

OUR BENEFITS INCLUDE

- Fun Work Place
- Flexible Scheduling
- IRA with Company Match
- Cool Managers
- Competitive Pay
- Paid Vacations
- Awsome Growth Potential
- Medical Insurance Plan
- Great Incentive Programs

JOB HIGHLIGHTS

Hospitality Staff Requires consistent movement, responsiveness to guest needs, sales & cash handling skills, teamwork and the ability to work well under pressure. Responsible service of alcohol and some heavy lifting may be required.

Kitchen Staff Requires attention to detail, commitment to standards, combination of speed and stamina, ability to work under pressure, some heavy lifting and hot working conditions.

TELL US ABOUT YOURSELF

Last Name _____ First Name _____ Middle Name _____

Address (Street) _____ Apt/P.O. _____

City _____ State _____ Zip Code _____

Day Phone Number (_____) _____ Evening Phone Number (_____) _____

Today's Date _____ Available Start Date _____ Weekly Pay Desired \$ _____

How were you referred to Buffalo Wild Wings?

In-Store Signage Internet News Ad Walk In Employee Referral (by) _____ Other _____

Are you 16 years or older? Yes No

Are you 18 years or older? Yes No

Are you legally authorized to work in the U.S.? Yes No

Have you ever applied or worked at a Buffalo Wild Wings? Yes No

If yes, where and when? _____

Check the highest education level attained.

Some High School High School Graduate/GED Some College BS/BA Degree Other _____

WHAT JOBS ARE YOU APPLYING FOR? *(Check all that apply)*

Server Bartender Kitchen Staff Cashier

WHAT HOURS CAN YOU WORK? *(Fill in all available work hours)*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

TELL US ABOUT YOUR WORK EXPERIENCE

(List your last three employers starting with the most recent, if you have additional work experience prior to the last three employers within the past 10 years, attach a separate sheet of paper with additional information. Resumes cannot be substituted for completing this employment record.)

Company Name <i>(Nature of Business)</i>			
City/State			
Phone			
Job Title			
Primary Job Duties			
Supervisor's Name			
Dates of Employment <i>(Month & Year)</i>	From: MM / YY To: MM / YY	From: MM / YY To: MM / YY	From: MM / YY To: MM / YY
Last Rate of Pay			
Hours Worked/Week			
Reason for Leaving			
Eligible for Rehire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
May We Contact for Reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE PROVIDE ADDITIONAL BACKGROUND INFORMATION

1. Have you been convicted (including pleading guilty or no contest) of a misdemeanor or felony? (Answering yes to this question does not necessarily mean you will be denied employment.) Yes No
If yes, please explain _____
2. Within the past 5 years, have you had any periods of unemployment? Yes No
If yes, please explain on a separate piece of paper.
3. Within the past 5 years, have you been discharged, suspended or asked to resign from any job? Yes No
If yes, please explain on a separate piece of paper.
4. For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations listed? Yes No
If yes, please specify name _____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information given by me is true and complete in all respects. I authorize Wings of Missoula LLC and their representatives to contact my previous employers and all others for the purpose of verification of the information I have supplied. I release Wings of Missoula LLC and all those providing information from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information requested. I understand that the misrepresentation or omission of facts may result in refusal to hire or in termination of employment.

Employment with Wings of Missoula LLC is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

I further understand that, if I am hired, my employment and compensation can be terminated with or without cause or notice, at any time at my option or the option of Wings of Missoula LLC. This application is not a contract or employment between Wings of Missoula LLC and I. No words or actions of the Company, including employment offers or terms and conditions of employment, are intended to establish an implied or expressed employment contract.

My signature is evidence that I have read and agree with the above statements.

Signature: _____ Date: _____

