WICKED DONUTS®

9490 W. Lake Mead Blvd. Las Vegas NV 89134 Corporate: 725-204-8615 • wicked-donuts.com



APPLICATION FOR EMPLOYMENT								
General Infon								
Last Name First			M.I.		Driver's License #/State			
Residence Street Address						Home Telephone #		
City State		Zip			Social Security #			
Age (if under 18) Do you have the lower permanently		egal right to remain and			Yes No	If no, Visa #:		
Education		work permanently	in the o.s.:			NO		
Name and Complete Address of Schools		Major Subjects	Last Grade Completed		Did you graduate?	Degree or Diploma		
High School				7 8 10 11	9 12	Yes No		
Jr College, College or University				10 11		Yes No		
Technical School or Graduate						Yes No		
Other Training or Certificates						Yes No		
Employment	Interests					103 110		
Lam interested in the following work: I am see				ing the following be of work		Hours available for work		
Retail Office			Temporary Seasonal			Sun	То	
Warehouse	Warehouse		Part Time Full Time			Mon	То	
_						-Tues	То	
Have you ever been convicted of a crime other than a minor traffic infraction? If yes please explain.						Wed	То	
						Thurs	То	
How did you hear about Wicked Donuts? Team member referral						Fri	То	
Website	ona	School Company Image Other			Sat	То		
What makes you "Simply the best"?								

Work Experience

Please furnish a detailed, complete, consecutive and accurate record of work history, beginning with your present or last position held. If no work experience, indicate reason. There must not be any period longer than one month that is unexplained. If your name has been different at any time, please provide the name used.

_	Name of Firm		Monthly Starting Salary	Position Title	Duties Performed		
From Mo/Yr	Ctroot Address		Jalary				
	Street Address						
To Mo/Yr	City, State, Zip		End Salary	Quit			
	Supervisor		1	Layoff \square			
	Supervisor						
				Discharge			
	Name of Firm		Monthly Starting	Position Title	Duties Performed		
From			Salary				
Mo/Yr	Street Address						
	City, State, Zip		End Salary	Quit 🖂			
То							
Mo/Yr	Supervisor		-	Layoff			
	•			Discharge			
	Name of Firm		Monthly Starting	Position Title	Duties Performed		
From	Street Address		Salary				
Mo/Yr	Street Address						
To Mo/Yr	City, State, Zip		End Salary	Quit			
				Layoff			
	Supervisor		1				
				Discharge			
References							
Name		Name		Name			
Occupation		Occupation		Occupation			
Phone # Phone #			`	Phone #			
Years Knowr		Years Knowr	ı	Years Known			
Military			May we inquire of you	ır present employer?	Yes No		
	rvice		If not indicated above, have you ever worked				
Date of discl	harge		for a donut shop before?				
	к Held		If yes, which store?				
	ted Disability						
			When?				
Emergency			1				
Name of person	to contact in an emergency		Please indicate names of any relatives or friends currently working for Wicked Donuts				
Area Code/Phor	ne number]				
The Wicked Donuts is	s an equal opportunity employer and doe:	s not unlawfully discrimi	nate in employment. No quest	ion on this application is used for th	e purpose of limiting or		
	ant from consideration for employment or	-			· · ·		

The Wicked Donuts is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be time, with or without cause. Similarly, Wicked Donuts may terminate the employment relationship at will at any time, with or without cause, so long as there is no violation of applicable federal or state law. Employment is at-will and no statements are intended to establish a contractual obligation. The information contained on this application for employment is true and I acknowledge that I have read and fully understand the above statements.

Signature of Applicant	Date