



**APPLICATION FOR EMPLOYMENT  
WESTERN CHOICE DAIRY QUEEN**  
This restaurant is independently owned and operated

This application for employment is provided by Western Choice Cooperative. This form complies with federal and state laws against discrimination. Western Choice Cooperative is not responsible for the misuse of information provided on this form.

**GENERAL INFORMATION**

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone ( ) -
E-Mail Address	Are you legally entitled to work in the U.S.?		Yes No

**POSITION**

Position or Type Of Employment Desired	<b>Will Accept:</b> Part-Time Full-Time Temporary	<b>Shift:</b> Day Evening Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No		
Do you have adequate transportation to be able to make it to work your schedule shift on time on a regular basis? Yes No		
Salary Desired	Date Available	

**EDUCATION AND TRAINING**

High School Graduate Or General Education (GED) Test Passed? Yes No  
If no, list the highest grade completed

**College, Business School, Military (Most recent first)**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarter or Semester Hours	Other (Specify)			
	From To			Yes No		
	From To			Yes No		
	From To			Yes No		
	From To			Yes No		
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
Languages Read, Written or Spoken Fluently Other Than English						

**VETERAN INFORMATION (Most recent)**

Branch of Service \_\_\_\_\_ Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

**SPECIAL SKILLS** (List all pertinent skills and equipment that you can operate)

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**WORK EXPERIENCE (Most recent first. Include voluntary work and military experience.)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties:		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
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Specific Duties		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

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

Interviewer's Comments:
