



622 Gravel Pike, Suite 115  
 East Greenville, PA 18041  
 www.wingmanbarandgrill.com  
 267-923-5067  
 An equal opportunity employer

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Date Year

**APPLICANT INFORMATION**

PLEASE PRINT

Name: \_\_\_\_\_  
 First Middle Last Social Security Number

Street Address: \_\_\_\_\_  
 Street City State Zip

Age if under 21: \_\_\_\_\_ Date of birth is under 21: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Evening Phone: \_\_\_\_\_

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

Are you a citizen of the United States?	If no, are you authorized to work in the U.S.?
Have you ever been convicted of a felony?	If yes, explain

**WORK INFORMATION**

For what position are you applying:  
 \_\_\_\_\_ Server \_\_\_\_\_ Host \_\_\_\_\_ Bartender  
 \_\_\_\_\_ Line Cook \_\_\_\_\_ Busser \_\_\_\_\_ Dishwasher

What date are you available to start? \_\_\_\_\_  
 Expected Starting Hourly Rate: \_\_\_\_\_  
 How many hours per week do you expect to work? \_\_\_\_\_

What shifts/hours are you available to work? We have shifts from 11:00 am to 2:00 am							
Shift	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Are you willing to work a split shift? \_\_\_\_\_  
 Are you willing to stay late in an emergency? \_\_\_\_\_  
 Are you willing to work holidays / weekends? \_\_\_\_\_  
 Do you need to give notice to your current employer? \_\_\_\_\_

**EDUCATION INFORMATION**

Type of School	Name of School	Location of School	Last Year Completed	Diploma Yes / No
High School				
College				
Other				

**PREVIOUS EMPLOYMENT**

Company	Your Job Title		
Street Address	Salary	Employment Time	
		From	To
	Reason for Leaving		
Phone			
Name of Supervisor			
May we contact your previous employer?			
Company	Your Job Title		
Street Address	Salary	Employment Time	
		From	To
	Reason for Leaving		
Phone			
Name of Supervisor			
May we contact your previous employer?			

**VOLUNTEER & MILITARY EXPERIENCE**

Volunteer Experience: \_\_\_\_\_

Skills Acquired: \_\_\_\_\_

U.S. Military Experience: (if applicable) \_\_\_\_\_

Skills Acquired: \_\_\_\_\_

Any additional information you would like to share: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that any violation of company rules, policies, standards, and/or procedures shall be grounds for dismissal. I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of The Wing Man Bar and Grill.

I certify that my answers are true and complete to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Send completed applications to one of the following:  
 Fax: (215) 541-5354  
 Email: jobs@wingmanbarandgrill.com