

For Mailing Purposes: P.O. Box 651 Delaware, Ohio 43015

Phone: 614-452-1062

Email: apply@wrightsconcessions.com

	mployee	Applicatio	Date Date	e:		
Name:						
	First	Middle Ini	tial	al Last		
Address:						
	Street Address					
	City	State		Zip		
Phone:			_ Social Security	#: -	-	
	Home	Cell/Other	_			
	PLEASE ANSWE	R THE QUESTIONS BE	LOW TO THE BE	ST OF YOU	R ABILITY	
Are you a How will y How Long Have you Do you ha	ave a valid Driver's L	ge? Y / N get here? d of a felony? Y / N	Can you work? Can you work v Can you work v Do you want Pa Are you in High	Days: Y / N veekends (Sa veekdays (Mo art-time? Y / N School? Y / I	at & Sun)? Y / N on - Fri)? Y / N N Full Time? Y / N N College? Y / N	
In your en	nployment have you above positions whi urrently employed?	that have worked for us ever? Cooked Y / N (ch are you applying for? Y / N If so, where and po	Cashiered Y / N			
•	ool:	High Cahaal Dinlan		OFD.	- V / N	
	ech School:	npleted: High School Diploma chool:		GED: Y / N Area of Study:		
MOST RE	ECENT EMPLOYER	?(S):				
1) Name:		Location:	Pos	ition:	How Long?	
2) Name:		Location:	Pos	ition:	Hoe Long?	
What is:	\$35.50 - \$8.00	\$4.00 +	\$18.00	\$3.00) + \$2.50 + \$1.00	

If you sold (3) Hot Dogs at \$3.50 each and the customer gave you a \$20 bill, what would the change be? ———————————————————————————————————					
YOU ARE WELCOME TO LIST ANY ADDITIONAL INFORMATION BELOW:					

Wright's Concessions LLC. is an Equal Employee Opportunity.