



Each location is independently owned and operated by a franchise of Great Wraps, Inc. and Great Wraps, Inc. is not the employer at this location.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin or disability.

Application for Employment

PERSONAL INFORMATION		Date	Social Security #	
Name				
Last		First		Middle
Present Address				
Street		City	State	Zip
Permanent Address				
Street		City	State	Zip
Phone #				
State Name and Department of any relatives, other than spouse, already employed by this Company				
Referred By	Ever convicted of a felony?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you 18 years or older	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a citizen of the United States or legally entitled to work in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
EMPLOYMENT DESIRED		Type of employment desired:		
Position		Hours Available	Date you can start	Salary desired
Are you employed now?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, may we inquire of your present employer?
Ever applied to this Company before?		Where	When	

LAST

FIRST

MIDDLE

EDUCATION				
	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
List any special job-related skills:				
Subjects of special study or research work:				
Why do you want this job?				
What foreign languages do you speak fluently?				
Read?		Write?		
Activities, other than religious: (Civic, Athletic, etc.)				
EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF IT'S MEMBERS				

FORMER EMPLOYERS Below, list your last four employers, starting with the most recent.

Date Month and Year	Name, Address and Telephone Number of Employer	Salary		Position	Reason for Leaving
		Start	End		
From					
To					
From					
To					
From					
To					
From					
To					

REFERENCES Below, list the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business/Profession	Telephone	Years Acquainted
1				
2				
3				

PHYSICAL RECORD Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation?

What special provisions may we make to accommodate this?

In case of
Emergency Notify

Name

Address

Phone No.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice. I understand that I am applying for employment with an independently owned franchise and not with Great Wraps, Inc. and that Great Wraps, Inc. has no control over the hiring or termination of employees or the conditions of employment.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed By

Date

REMARKS:

Neatness

Character

Personality

Ability

Hired

For Dept.

Position

Will Report

/

/

Salary
Wages

Approved: 1.

2.

3.

Employment Manager

Dept. Head

General Manager