



# Employment Application

Name: \_\_\_\_\_  
Last First MI/Maiden

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

Telephone: Cell \_\_\_\_\_ Other \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Are you over 18: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a citizen of the United States: Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, do you have the legal right to work in the U.S.: Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

Position applying for: \_\_\_\_\_

Work Availability:  
All 10 Days \_\_\_\_\_ Sat/Sun Only \_\_\_\_\_ Other \_\_\_\_\_

What times can you work? \_\_\_\_\_

Have you worked at WURSTFEST before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, how long? \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, may we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Company Name/Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Do you have any physical or mental conditions that may limit your ability to perform certain kinds of work? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe such conditions and specific work limitations: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand this application is for consideration only and does not guarantee employment. I certify that the answers given by me on this application are true and correct without any consequential omissions of any kind. I understand that any misleading or incorrect statements may render this application void, and, if employed, would be cause for my immediate termination. I further agree that Wurstfest shall not be liable in any respect if my employment is terminated because of false statements made by me on this application. I also understand that no person is authorized to enter into written or verbal employment contract on behalf of Wurstfest without the consent of the Executive Director.

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