



APPLICATION FOR EMPLOYMENT

THE WOLAK GROUP IS A MANAGEMENT COMPANY AND DOES NOT HAVE ANY EMPLOYEES. IF YOU ARE OFFERED EMPLOYMENT AS A RESULT OF THIS APPLICATION, THE OFFER WILL BE FOR EMPLOYMENT WITH AN AFFILIATE OF THE WOLAK GROUP.

The affiliates of The Wolak Group are equal opportunity employers and do not discriminate against otherwise qualified applicants on the basis of race, color, national origin, religion, ancestry, age, gender, marital status, sexual orientation, gender identity, disability, veteran status, or any other legally protected class or status. We will provide qualified, disabled applicants with reasonable accommodations needed to secure employment with us and to perform the essential functions of a desired position, unless doing so would result in an undue burden.

Please **TYPE** or **PRINT** clearly. To be considered for employment with an affiliate of The Wolak Group, this Application must be completed and electronically signed by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such. If you are an individual with a disability and need a reasonable accommodation to participate in the hiring process, please contact the Director of Recruiting at 315-474-7294 or email at allen.ripke@wolakgroup.com.

BIOGRAPHICAL DATA	Name (First, Middle, Last)			Telephone Number			Email			
	Street Address				City, State, Zip Code					
	Position Applied For						Salary or Hourly Wage Desired (<i>Do not put Open or Negotiable</i>)			
	Place an X under the days that you prefer to work:	Mon	Tues	Wed	Thur	Fri	Sat	Sun	What is the total number of hours that you are available to work? (List below)	
	Indicate the hours available for each day available:									
	If you were <i>referred</i> by a Dunkin Donuts employee, write in their name: _____									
	Are you 18 years of age or older?								Yes	No
	Have you ever been employed with Dunkin' Donuts before? If yes, provide dates and location below: From ___/___/_____ to ___/___/_____ Location: _____								Yes	No
	Have you ever been convicted of a crime? <i>Do not answer "Yes" if your conviction has been annulled, expunged or sealed; do not answer "Yes" if your conviction has been sealed pursuant to New York Criminal Procedure Law § 160.55 or 160.58 or any information pertaining to youthful adjudications under the New York Criminal Procedure Law § 720.35. Please provide details if answer is "Yes".</i> _____								<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you currently awaiting trial for any criminal offense? Please provide details if answer is "Yes". _____								<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Answering "yes" to either of the previous two questions does not constitute an automatic bar to employment; factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered when making any employment decisions.</i>										
Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>								<input type="checkbox"/> Yes	<input type="checkbox"/> No	

EDUCATIONAL BACKGROUND	Name	# of Years Completed	Course of Study/Major	Diploma or Degree Obtained
	High School			
	College			
	Other			

EMPLOYMENT HISTORY Starting with the most recent employer first including any military service. Do not write, See Resume.

Name of Employer		Telephone Number		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____		Starting Hourly Wage/Salary	Final Hourly Wage/Salary	
Job Title of Position(s)		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments _____				
Reason for leaving			May we contact this employer? Yes No	

Name of Employer		Telephone Number		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____		Starting Hourly Wage/Salary	Final Hourly Wage/Salary	
Job Title of Position(s)		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments _____				
Reason for leaving			May we contact this employer? Yes No	

Name of Employer		Telephone Number		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____		Starting Hourly Wage/Salary	Final Hourly Wage/Salary	
Job Title of Position(s)		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments _____				
Reason for leaving			May we contact this employer? Yes No	

References List two references other than relatives or former supervisors

Name/Occupation	Address	Telephone #	Years Known
1.			
2.			

Please Read Carefully and E-Sign Below

I hereby certify that all of the information I have provided in this Application is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, result in withdrawal of any offer of employment that has been made, and result in termination of employment (if hired). I understand that as part of the application process I may be required to sign additional documents authorizing a background check verifying of all of the information I have provided on this Application and to obtain any additional information needed to consider my application for employment. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and my employer will have the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This Application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of The Wolak Group or any of its affiliates is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the President or Chief Operating Officer of the applicable employer. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the US and that federal immigration laws require me to complete an I-9 in this regard.

Signature of Applicant : _____ Date _____