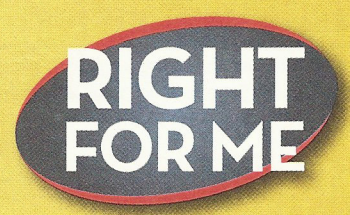




Wendy's International, Inc.

Wendy's is an equal opportunity employer.

Various federal, state and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. Wendy's is an equal opportunity employer and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.



## PERSONAL INFORMATION

DATE / /

Name (Last)	(First)	(Middle)	Social Security No. - -																								
Home Address	City	State	Zip																								
Home Telephone ( )	Business Telephone ( )	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Position Applying For	Date Available / /	Are you interested in (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer																									
Days and hours available. Complete if applying for restaurant position.		Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
<table border="1"><thead><tr><th>Day</th><th>Mon</th><th>Tues</th><th>Wed</th><th>Thurs</th><th>Fri</th><th>Sat</th><th>Sun</th></tr></thead><tbody><tr><td>From</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>To</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>		Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	From								To								If you're under 18 years of age, please state your date of birth / /	
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun																				
From																											
To																											
How were you referred to Wendy's?		Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
		What percent? _____ %																									

## EDUCATION

Type of School	Name and Location of School		Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name	Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State Zip			
College	Name	Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State Zip			
Graduate School	Name	Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State Zip			
Other	Name	Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State Zip			

## U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained

## LEGAL

Are you a U.S. citizen or do you have a legal right and necessary documents to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)
Were you ever discharged by any company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of company(ies) _____
Reason for discharge _____
Have you ever been convicted of a crime other than a minor traffic violation? (Note: You are not obligated to discuss sealed or expunged records of conviction or arrest nor will such information be asked of you or considered in employment decisions.) The existence of a criminal record will not automatically disqualify you from the job for which you are applying. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain offense and final disposition: _____
_____
_____



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(CONTINUED ON BACK)



## EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. May we contact your present employer? ☐ Yes ☐ No Past employer? ☐ Yes ☐ No Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From: _____ /_____ mo. yr.	Name	Your Job Title		Starting	
To: _____ /_____ mo. yr.	Address City	Supervisor		Final	
	State Phone ( )				
From: _____ /_____ mo. yr.	Name	Your Job Title		Starting	
To: _____ /_____ mo. yr.	Address City	Supervisor		Final	
	State Phone ( )				
From: _____ /_____ mo. yr.	Name	Your Job Title		Starting	
To: _____ /_____ mo. yr.	Address City	Supervisor		Final	
	State Phone ( )				
From: _____ /_____ mo. yr.	Name	Your Job Title		Starting	
To: _____ /_____ mo. yr.	Address City	Supervisor		Final	
	State Phone ( )				

Have you previously worked for Wendy's or any of its subsidiaries? ☐ Yes ☐ No

Name \_\_\_\_\_ Location \_\_\_\_\_  
City & State \_\_\_\_\_ Position Held \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## REFERENCES

Business references: (do not list relatives) (please indicate if you were employed under a different name)				
Name	Address	Work Phone No.	Title	Years Known
		( )		
		( )		
		( )		

## PLEASE READ CAREFULLY

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history, subject to applicable federal, state and/or local laws.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Wendy's International, Inc.

I understand and agree that, if employed, the employment will be "at will." That is, either I or Wendy's may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Wendy's does not imply employment and that this application and/or any other Wendy's documents are not contracts of employment.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED