

Prospective employee will receive consideration without discrimination of race, creed, color, sex, age, national origin, handicap or veteran status

EMPLOYMENT APPLICATION

Position Desired: _____

Date: _____

Last Name First Name Middle Social Security Number

Street Address City, State, Zip () Home Phone No.

Are you available for: _____ Part-time _____ Full time _____ Either Will you work overtime if asked? _____ Yes _____ No

Are you legally eligible for employment in the United States? _____ Yes _____ No When are you available to begin work? _____

Have you ever applied for employment with us? _____ Yes _____ No If yes: month and year _____

Have you ever been accused or arrested for any drug related offenses? _____ Yes _____ No

If yes, please provide dates and charge/s: _____

State name of relatives and friends working for WPCI: _____

RECORD OF EDUCATION

| School | Name & Location of School | Course of Study | Last Year Completed | GPA | Degree |
|---------|---------------------------|-----------------|---------------------|-------|--------|
| High | _____ | _____ | 1 2 3 4 | _____ | _____ |
| | _____ | _____ | | | |
| College | _____ | _____ | 1 2 3 4 | _____ | _____ |
| | _____ | _____ | | | |
| Other | _____ | _____ | 1 2 3 4 | _____ | _____ |

The information provided in this Application of Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Applicant Signature

Applications/resumes will be kept on file for 60 days from date submitted.

(revised 08/2006)

www.wpcidrugfree.com

RECORD OF EMPLOYMENT

List below all present and past employment, beginning with your most recent

Name and Address of Company: _____

Phone Number: (____) _____ Name of Supervisor: _____

Employed: **FROM** Mo/Yr: ____ / ____ **TO:** Mo/Yr: ____ / ____ Reason for leaving: _____

Pay: START: \$ _____ LAST: \$ _____ May we contact your supervisor? _____

State Job Title and Describe Your Work: _____

Name and Address of Company: _____

Phone Number: (____) _____ Name of Supervisor: _____

Employed: **FROM** Mo/Yr: ____ / ____ **TO:** Mo/Yr: ____ / ____ Reason for leaving: _____

Pay: START: \$ _____ LAST: \$ _____ May we contact your supervisor? _____

State Job Title and Describe Your Work: _____

Name and Address of Company: _____

Phone Number: (____) _____ Name of Supervisor: _____

Employed: **FROM** Mo/Yr: ____ / ____ **TO:** Mo/Yr: ____ / ____ Reason for leaving: _____

Pay: START: \$ _____ LAST: \$ _____ May we contact your supervisor? _____

State Job Title and Describe Your Work: _____

Name and Address of Company: _____

Phone Number: (____) _____ Name of Supervisor: _____

Employed: **FROM** Mo/Yr: ____ / ____ **TO:** Mo/Yr: ____ / ____ Reason for leaving: _____

Pay: START: \$ _____ LAST: \$ _____ May we contact your supervisor? _____

State Job Title and Describe Your Work: _____

REFERENCES

If you request that we don't call your former employers, please list 3 references that we may call, do not list relatives or roommates

Name and Occupation **Address** **Phone Number**
