



# Application for Employment

## APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address				
City		State	ZIP	
Home Phone ( )		Cell Phone ( )		Date Available
E-mail Address			Salary Requirements	
Position applied for				
Referred by		Shift Preference: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Any		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony? <small>(May be relevant if job related but not bar from employment)</small>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
If you are under 18 years of age, can you furnish a work permit?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Language spoken:</b> <input type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ <b>Language Read/Write:</b> <input type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____				

## EDUCATION

High School		City & State		
# of Yrs Completed	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College		City & State		
# of Yrs Completed	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		City & State		
# of Yrs Completed	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

## PROFESSIONAL REFERENCES

Full Name		Title/Relationship
Company		Phone ( )
City & State		
Full Name		Title/Relationship
Company		Phone ( )
City & State		
Full Name		Title/Relationship
Company		Phone ( )
City & State		



**PREVIOUS EMPLOYMENT – RECORD MOST RECENT EMPLOYMENT FIRST**

Company		Phone ( )	
City, State		Supervisor	
Job Title	Starting Wage \$	Ending Wage \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone ( )	
City, State		Supervisor	
Job Title	Starting Wage \$	Ending Wage \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone ( )	
City, State		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**MILITARY SERVICE**

Branch	Rank
Please list any relevant experience:	

**Other Experience or Certifications:**

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I authorize WPI to investigate all statements contained herein, including contacting those named as part of this application. I understand that false or misleading information in my application or interview may result in my release. I understand that all new hires are subject to a 90 day Introductory Period and that my employment would not constitute a contract with the Company. I understand that I will be required to submit to and pass a drug screen and that a physical exam may also be part of the employment process. Employment may also be contingent upon successfully passing applicable written, verbal, or dexterity tests. By signing below, I attest that I have read and agree to the above stated information:

Signature	Date
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