

WORK REFERENCE

Type of Employment: Full Time Part Time Temporary Seasonal Educational Co-Op

Can you work overtime? Yes No

What shifts are you available to work? 1st (Day) 2nd (Swing) 3rd (Graveyard) All

EMPLOYMENT HISTORY

List your last four (4) employers, starting with the current or most recent. Include military experience, temp work and any volunteer activities. Please do not substitute a resume for summary. Attach additional pages if necessary.

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No Later

If we may NOT contact your current employer, please explain: _____

Company Name: _____ **Phone Number:** _____

Company Address: _____

Job Title: _____ Summary of Duties _____

Immediate Supervisor/Title: _____ Dates of Employment: from _____ - to _____

Starting and Ending Wage/Salary: Starting: _____ Ending: _____

May we contact this employer for reference? Yes No Later Eligible for Rehire? Yes No

Reason for Leaving: _____

Company Name: _____ **Phone Number:** _____

Company Address: _____

Job Title: _____ Summary of Duties _____

Immediate Supervisor/Title: _____ Dates of Employment: from _____ - to _____

Starting and Ending Wage/Salary: Starting: _____ Ending: _____

May we contact this employer for reference? Yes No Later Eligible for Rehire? Yes No

Reason for Leaving: _____

Company Name: _____ **Phone Number:** _____

Company Address: _____

Job Title: _____ Summary of Duties _____

Immediate Supervisor/Title: _____ Dates of Employment: from _____ - to _____

Starting and Ending Wage/Salary: Starting: _____ Ending: _____

May we contact this employer for reference? Yes No Later Eligible for Rehire? Yes No

Reason for Leaving: _____

Company Name: _____ **Phone Number:** _____

Company Address: _____

Job Title: _____ Summary of Duties _____

Immediate Supervisor/Title: _____ Dates of Employment: from _____ - to _____

Starting and Ending Wage/Salary: Starting: _____ Ending: _____

May we contact this employer for reference? Yes No Later Eligible for Rehire? Yes No

Reason for Leaving: _____

Explain any gaps in employment history: _____

EDUCATIONAL BACKGROUND • Starting with most recent school attended.

Name of School	Years Completed	<input type="radio"/> Degree _____ <input type="radio"/> Diploma <input type="radio"/> Certificate _____ <input type="radio"/> GED <input type="radio"/> License _____ <input type="radio"/> Other _____	GPA	Major/Minor
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Are you able to provide grade transcripts if requested? Yes No

Name of School	Years Completed	<input type="radio"/> Degree _____ <input type="radio"/> Diploma <input type="radio"/> Certificate _____ <input type="radio"/> GED <input type="radio"/> License _____ <input type="radio"/> Other _____	GPA	Major/Minor
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Are you able to provide grade transcripts if requested? Yes No

Name of School	Years Completed	<input type="radio"/> Degree _____ <input type="radio"/> Diploma <input type="radio"/> Certificate _____ <input type="radio"/> GED <input type="radio"/> License _____ <input type="radio"/> Other _____	GPA	Major/Minor
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Are you able to provide grade transcripts if requested? Yes No

SKILLS AND OTHER QUALIFICATIONS Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. You may exclude those which indicate race, creed, sex, marital status, age, color, national origin or mental or physical disabilities.

MILITARY SERVICE RECORD Are you a Veteran? Yes Dates served: _____ No

List duties and skills relevant to this position _____

Branch of Service: _____ Discharge Type: _____

List any foreign language(s) you know and check the boxes that describe your skill level

Language

_____	<input type="radio"/> Speak Some	<input type="radio"/> Speak Fluently	<input type="radio"/> Read	<input type="radio"/> Write
_____	<input type="radio"/> Speak Some	<input type="radio"/> Speak Fluently	<input type="radio"/> Read	<input type="radio"/> Write
_____	<input type="radio"/> Speak Some	<input type="radio"/> Speak Fluently	<input type="radio"/> Read	<input type="radio"/> Write

ABILITY TO PERFORM JOB – Is there anything that would prevent you from performing in a reasonable and safe manner any of the activities involved in the position for which you have applied? Yes No

If yes, please explain. _____

BUSINESS REFERENCE List name and telephone number of three business/work or school references who are **NOT** related to you and are **NOT** previous supervisors.

Name: _____ Phone: _____ Years Known/Affiliation _____

Name: _____ Phone: _____ Years Known/Affiliation _____

Name: _____ Phone: _____ Years Known/Affiliation _____

ADDITIONAL INFORMATION TO CONSIDER:

Important

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.

By my initials and signature placed below, I, the applicant, promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my immediate dismissal from employment if discovered at a later date. I agree to immediately notify WCA if I should be convicted of a crime while my job application is pending, or during my employment if hired.

_____Initials

As a condition of employment and in accordance with Weingart Center policy, I agree (i) to comply with the binding arbitration policies, rules, regulations and procedures including the WCA's Dispute Resolution policy.

_____Initials

I understand that the Weingart Center is a DRUG FREE WORKPLACE. As such I understand and agree to submit to a DRUG SCREEN AS PART OF MY INITIAL APPLICATION PROCESS and if offered employment, give permission for a complete employment physical and mental examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary. I hereby release the company, and individual participants in said examination, and any third party from potential liability arising out of the examination. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Company. I hereby consent to having the results of any such alcohol or drug screening that I may be required to undergo disclosed to the Company.

_____Initials

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview, which may be granted, or during my employment if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason, or for no reason at all, with or without prior notice, at the option of the company or me. I understand and agree that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the President of the company. I promise that I have not relied, and will not rely, on any oral or written statements to the contrary. I understand and agree that this is the entire agreement between me and the company regarding the term of my employment, if employed, and replaces any other oral or written agreement or understanding.

_____Initials

Print Name _____ **Date** _____

Signature _____