

# WWISCAA, Inc.

## APPLICATION FOR EMPLOYMENT

\*\* WWISCAA is an equal opportunity employer \*\*

Name: \_\_\_\_\_  
Last First Middle Maiden

Present Address: \_\_\_\_\_  
Street City State Zip Code

Social Security No.: \_\_\_\_\_ Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Position Applied: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights?  Yes  No

Employment Desired:  Full Time Only  Part Time Only  Full or Part Time

When are you available to work? \_\_\_\_\_

Have you ever applied to this organization before?  Yes  No If yes, when? \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

Education Background:

| Type of School           | Name of School | Location<br>(Complete address) | Number of Years<br>Completed | Major & Degree |
|--------------------------|----------------|--------------------------------|------------------------------|----------------|
| High School              |                |                                |                              |                |
|                          |                |                                |                              |                |
| College                  |                |                                |                              |                |
|                          |                |                                |                              |                |
| Business/Trade<br>School |                |                                |                              |                |
|                          |                |                                |                              |                |
| Professional<br>School   |                |                                |                              |                |
|                          |                |                                |                              |                |

Have you ever been in the Armed Forces:  Yes  No

Are you a member of the National Guard?  Yes  No

Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain the number of conviction(s), nature of offense leading to conviction(s), how recently such offense(s) was/were convicted, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a driver's license?  Yes  No

What is your transportation to work? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of issue: \_\_\_\_\_  Operator  Commercial (CDL)

Expiration Date: \_\_\_\_\_

Have you had any accidents during the past three years?  Yes  No If yes, how many? \_\_\_\_

Have you had any moving violations during the past three years?  Yes  No If yes, how many? \_\_\_\_

Please list two references other than relatives or previous employers:

|           |
|-----------|
| Name      |
| Position  |
| Company   |
| Address   |
| Telephone |

|           |
|-----------|
| Name      |
| Position  |
| Company   |
| Address   |
| Telephone |

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self- employed, give the firm name. **Attach additional sheets if necessary.**

Employer 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ Name of last supervisor: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Pay or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_

Your last job title: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

|                                     |
|-------------------------------------|
| Job Title:                          |
| Duties Performed:                   |
| Skills/Advancements/<br>Promotions: |

|                                     |
|-------------------------------------|
| Job Title:                          |
| Duties Performed:                   |
| Skills/Advancements/<br>Promotions: |

Employer 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ Name of last supervisor: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Pay or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_

Your last job title: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

|                                     |
|-------------------------------------|
| Job Title:                          |
| Duties Performed:                   |
| Skills/Advancements/<br>Promotions: |

|                                     |
|-------------------------------------|
| Job Title:                          |
| Duties Performed:                   |
| Skills/Advancements/<br>Promotions: |

May we contact your present employer?  Yes  No

**ACKNOWLEDGEMENT AND AUTHORIZATION**

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that I will have to have a favorable Criminal Background Check and false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date