

# Application for Employment



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Referral Source      Advertisement              Employee              Relative              Job Service  
                                 Walk-in                      Private Employment Agency              Other \_\_\_\_\_

Name of source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
                                 Last              First              Middle

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

Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

In Case of Emergency notify: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_ AM/PM

May we contact you at work? \_\_\_\_\_ YES NO

If yes, work number and best time to call \_\_\_\_\_ ( ) \_\_\_\_\_ AM/PM

Have you submitted an application here before? \_\_\_\_\_ YES NO

If yes, give dates and positions(s) \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Have you ever been employed here before? \_\_\_\_\_ YES NO

If yes, give dates \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_ YES NO

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Type of employment desired      Full-time      Part-time      Temporary      Seasonal

Can you work any shift? \_\_\_\_\_ YES NO

Will you work overtime if required? \_\_\_\_\_ YES NO

If no, please explain \_\_\_\_\_

Have you ever been arrested, pled "guilty", pled "no contest" or been convicted of a crime? \_\_\_\_\_ YES NO

If yes, please provide date(s) and details \_\_\_\_\_

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS, NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

AN EQUAL OPPORTUNITY EMPLOYER

# Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor Field of study (if applicable).

A. School	B. Number of years completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

# References

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

If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

# Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

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List any additional information you would like us to consider. \_\_\_\_\_

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# Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer Telephone # ( )	Dates Employed FROM TO	Summarize the type of work Performed and job responsibilities
Address Starting Job Title / Final Job Title	Hourly Rate/Salary STARTING	
Immediate Supervisor and Title Reason for Leaving	\$ Per	
	Hourly Rate/Salary Final	
May we contact for reference? YES NO LATER	\$ Per	
Employer Telephone # ( )	Dates Employed FROM TO	Summarize the type of work Performed and job responsibilities
Address Starting Job Title / Final Job Title	Hourly Rate/Salary STARTING	
Immediate Supervisor and Title Reason for Leaving	\$ Per	
	Hourly Rate/Salary Final	
May we contact for reference? YES NO LATER	\$ Per	
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Immediate Supervisor and Title Reason for Leaving	\$ Per	
	Hourly Rate/Salary Final	
May we contact for reference? YES NO LATER	\$ Per	
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Address Starting Job Title / Final Job Title	Hourly Rate/Salary STARTING	
Immediate Supervisor and Title Reason for Leaving	\$ Per	
	Hourly Rate/Salary Final	
May we contact for reference? YES NO LATER	\$ Per	

COMMENTS Including explanation of any gaps in employment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

# APPLICANT STATEMENT



WCCO Belting, Inc.

**Note To Applicant:** Do Not Answer This Question Unless You Have Been Informed About The Requirements Of The Job For Which You Applied.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation available? By answering this question, you are certifying that you have read the job description of the activities involved in such a job or occupation or the job description has been reviewed with you.  
\_\_\_Yes \_\_\_No

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, of (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

**IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF THE EMPLOYER IS AUTHORIZED TO MAKE ANY ASSURANCES TO THE CONTRARY AND THAT NO IMPLIED ORAL OR WRITTEN AGREEMENTS CONTRARY TO THE FOREGOING EXPRESS LANGUAGE ARE VALID UNLESS THEY ARE IN WRITING AND SIGNED BY THE EMPLOYER'S PRESIDENT.**

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I also understand that all new hires beginning November 1, 2001 must satisfactorily pass required post offer/pre-employment drug screening tests as a condition of employment at WCCO Belting, Inc., and if hired will submit to random drug testing.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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