



Application for Employment

Conditions of employment are stated at the end of this form.
Please read carefully before you sign this application.

(Applications must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____

DATE OF APPLICATION _____

PERSONAL							
PLEASE PRINT USING BALL POINT PEN							
FULL NAME	First	Middle	Last	SOCIAL SECURITY #			
PRESENT ADDRESS	Street	City	State	Zip	How Long	Home Phone: Cell Phone:	
PREVIOUS ADDRESS	Street	City	State	Zip	How Long	Home Phone:	
If NO PHONE, how may we contact you?					E-mail Address:		
Are any of your relatives presently employed by WalzCraft or its divisions?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Name of Relative:							
Have you ever worked for WalzCraft or its divisions before?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, when and in what position?							
How were you referred?							
Why do you want to work at WalzCraft?							
Have you applied with WalzCraft previously?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, when?							
GENERAL INFORMATION							
If you are under age 18, please state your age:			If under age 18, Can you supply working papers?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been convicted of a crime or violation other than a minor traffic infraction? (A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.) If Yes, please explain:						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been discharged from any employment or asked to resign? If Yes, please explain:						<input type="checkbox"/> YES <input type="checkbox"/> NO	
SHIFT <input type="checkbox"/> 1ST <input type="checkbox"/> FULL-TIME <input type="checkbox"/> 2ND <input type="checkbox"/> PART-TIME <input type="checkbox"/> 3RD		TYPE OF WORK APPLYING FOR <input type="checkbox"/> GENERAL PRODUCTION <input type="checkbox"/> CLERICAL <input type="checkbox"/> PROFESSIONAL / TECHNICAL <input type="checkbox"/> OTHER _____			TRANSPORTATION <input type="checkbox"/> BUS <input type="checkbox"/> BIKE <input type="checkbox"/> CAR <input type="checkbox"/> WALK <input type="checkbox"/> OTHER _____		
DAYS AVAILABLE (Please circle below) M T W TH F SAT SUN Are you available for overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO							
NOTE: Work Schedules are based upon the needs of the business and may be subject to change on a weekly basis.							
Wage Expected:				Date available for work?			

PERSONAL

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT.

(Please attach additional sheets if necessary.)

1	EMPLOYER	FROM		Starting Salary	Job Title	Reason for Leaving <i>(Please Explain)</i>
		MO	YR			
Name of Company				\$	Describe Your Job Duties	Name & Title of Immediate Supervisor
Address		TO		Ending Salary		
City, State, Zip				\$		
Phone #		Type of Business				
Explain any period between jobs.						May we contact Employer? YES / NO
2	EMPLOYER	FROM		Starting Salary	Job Title	Reason for Leaving <i>(Please Explain)</i>
		MO	YR			
Name of Company				\$	Describe Your Job Duties	Name & Title of Immediate Supervisor
Address		TO		Ending Salary		
City, State, Zip				\$		
Phone #		Type of Business				
Explain any period between jobs.						May we contact Employer? YES / NO
3	EMPLOYER	FROM		Starting Salary	Job Title	Reason for Leaving <i>(Please Explain)</i>
		MO	YR			
Name of Company				\$	Describe Your Job Duties	Name & Title of Immediate Supervisor
Address		TO		Ending Salary		
City, State, Zip				\$		
Phone #		Type of Business				
Explain any period between jobs.						May we contact Employer? YES / NO
4	EMPLOYER	FROM		Starting Salary	Job Title	Reason for Leaving <i>(Please Explain)</i>
		MO	YR			
Name of Company				\$	Describe Your Job Duties	Name & Title of Immediate Supervisor
Address		TO		Ending Salary		
City, State, Zip				\$		
Phone #		Type of Business				
Explain any period between jobs.						May we contact Employer? YES / NO

EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED CIRCLE YES or NO	DEGREE
HIGH SCHOOL			9 10 11 12	YES NO	
COLLEGE			1 2 3 4	YES NO	
COLLEGE			1 2 3 4	YES NO	
GRADUATE SCHOOL			1 2 3 4	YES NO	
BUSINESS, TRADE, OR OTHER			1 2 3 4	YES NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? YES NO

If Yes, please explain:

PERSONAL OR BUSINESS REFERENCES

1	NAME	BUSINESS PHONE	OCCUPATION
	HOME ADDRESS	HOME PHONE	TITLE
	CITY, STATE, ZIP	RELATIONSHIP	HOW LONG KNOWN
2	NAME	BUSINESS PHONE	OCCUPATION
	HOME ADDRESS	HOME PHONE	TITLE
	CITY, STATE, ZIP	RELATIONSHIP	HOW LONG KNOWN

EMERGENCY

In Case of Emergency Notify:

Address	City	State	Zip
Home Phone	Cell Phone	Relationship to Applicant	

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but it's receipt does not imply that the applicant will be employed.

It is the policy of WalzCraft Industries, Inc. to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans of the Vietnam era, and individuals with a disability, any and other characteristics protected by Federal, State and Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the WalzCraft Industries, Inc. rules and regulations, and understand that, if employed my employment may be terminated with or without notice, at any time, at the option of either WalzCraft Industries, Inc. or me. I further understand that no representation, whether oral or written by any representative or agent of WalzCraft Industries, Inc. at any time, can constitute a contract of employment. I understand that WalzCraft Industries, Inc. and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of WalzCraft Industries, Inc., has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

*** WalzCraft participates in E-Verify ***

WalzCraft will provide the Social Security Administration & Dept of Homeland Security with information from each new employee's Form I-9 to confirm work authorization.

3247-V1

APPLICANT SIGNATURE _____ DATE _____

INTERVIEWED BY _____ DATE _____