



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:
PREVIOUS ADDRESS	Street	City	State	Zip	How Long Cell Phone:
If NO PHONE, how may we contact you?				Email Address:	
Are any of your friends or relatives presently employed by WalzCraft?					<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, Name(s) of Friend(s) / Relative(s):					
Have you ever worked for WalzCraft 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?					
Are you presently employed?	If yes, may we contact employer?		If presently employed, why are you considering leaving?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
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	TYPE OF WORK APPLYING FOR		TRANSPORTATION
	<input type="checkbox"/> 2ND	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> GENERAL PRODUCTION		<input type="checkbox"/> BUS <input type="checkbox"/> BIKE
	<input type="checkbox"/> 3RD		<input type="checkbox"/> CLERICAL		<input type="checkbox"/> CAR <input type="checkbox"/> WALK
DAYS AVAILABLE	(Please circle below)		<input type="checkbox"/> PROFESSIONAL / TECHNICAL		<input type="checkbox"/> OTHER _____
M T W TH F SAT SUN			<input type="checkbox"/> OTHER _____		
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?		

WORK HISTORY

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				Ending Salary		
City, State, Zip				\$		
Phone #		Type of Business				
Explain any period between jobs.						
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				Ending Salary		
City, State, Zip				\$		
Phone #		Type of Business				
Explain any period between jobs.						
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				Ending Salary		
City, State, Zip				\$		
Phone #		Type of Business				
Explain any period between jobs.						
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				Ending Salary		
City, State, Zip				\$		
Phone #		Type of Business				
Explain any period between jobs.						

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 & QUALIFICATIONS

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

ATTENDANCE & PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job within 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 CONTACT INFORMATION

NAME (FIRST & LAST)

ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

RELATIONSHIP TO APPLICANT

NOTIFICATION & 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 its receipt does not imply that the applicant will be employed.

It is the policy of WalzCraft 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, and any 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 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 or myself. I further understand that no representation, whether oral or written by any representative or agent of WalzCraft at any time, can constitute a contract of employment. I understand that WalzCraft 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 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.

PRE-EMPLOYMENT DRUG TESTING:

WalzCraft reserves the right, within the limits of federal and state laws, to examine and test for the presence of drugs. As a prospective employee, I understand that I will be required to voluntarily submit to urinalysis drug testing and sign a consent and testing appointment agreement prior to the start of employment. If the test results are positive, or if I refuse to undergo testing, any offer of employment by WalzCraft will be withdrawn. I understand that WalzCraft makes all offers of employment subject to and conditioned on: (1) my consent to taking a drug test; and (2) a negative test result.

I acknowledge that I have read, understand, and agree to all of the above statements. I hereby grant permission to confirm all of the information that I have supplied on this application.

*** 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 _____

(OFFICE USE ONLY)

INTERVIEWED BY:			DATE:
HIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	NEW / REHIRE DATE:	EMP. TYPE: FT / PT / SEASONAL SHIFT: 1ST / 2ND / 3RD	DEPARTMENT / TITLE:
HOURS: ____:____ AM / PM – ____:____ AM / PM	DAYS: M T W TH F SAT SUN	PAY RATE: \$	PER: HOUR / ANNUAL