



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, ethnic background, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability or any other legally protected status.

****PLEASE PRINT****

Position(s) Applied For	Date of Application		
How Did You Learn About Us?			
Newspaper Ad (which?) _____ Employment Website Ad (Which?) _____			
Company: Website _____ Facebook _____ Walk In _____ Other _____			
Friend/Relative Referred (Name) _____			
Last Name	First Name	Middle I.	
Address	City	State	Zip Code
Telephone Number(s)		Email Address	

Are you at least 18 years of age? Yes No

If no, can you provide required proof of your eligibility to work? Yes No
Note: You must be at least 18 to work in Plant.

Have you filed a previous application with us within the last 6 months? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give dates _____

Do you have any friends or relatives who currently work here? Yes No
 Name(s): _____

Can you provide documentation of your eligibility for employment in the United States? *WB Manufacturing participates in E-Verify. Proof of citizenship or immigration status will be required upon employment.* Yes No

On what date would you be available for work? _____

What type of work are you interested in: **Office** **Plant**

Full Time Part Time Student (Dates Available) _____

Shift: First Second Weekend

Can you travel if a job requires it? Yes No

EMPLOYMENT EXPERIENCE

Please tell us about your employment history. Start with your present or most recent job and include any job-related military service and/or volunteer activities.
Also explain any extended periods of unemployment.

<u>Employer</u>	Dates Employed		Work Performed
	From: Mo/Yr	To: Mo/Yr	
Address			
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason For Leaving			Job Title
<u>Employer</u>	Dates Employed		Work Performed
	From: Mo/Yr	To: Mo/Yr	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason For Leaving			Job Title
<u>Employer</u>	Dates Employed		Work Performed
	From: Mo/Yr	To: Mo/Yr	
Address			
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Supervisor			
Reason For Leaving			Job Title
<u>Employer</u>	Dates Employed		Work Performed
	From: Mo/Yr	To: Mo/Yr	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason For Leaving			Job Title

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

EDUCATION

School Name & Location	High School/GED	Undergraduate College/University	Graduate/Professional
Diploma/Degree			
Describe Course Of Study			
Describe any specialized training, apprenticeship skills and extra-curricular activities			
Please list any additional languages you are able to read, write and speak			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application			

List professional, trade, business or civic activities and offices held.

REFERENCES

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that **WB Manufacturing** may conduct a background investigation; including talking with former employers and provided references as well as a possible criminal history review to determine if any conviction I may have is substantially related to the position I have been offered.

In the event that **WB Manufacturing** becomes aware of false or misleading information after my employment has started, I understand that my employment may be terminated. In addition, I understand that any pending criminal charges substantially related to my position of employment that occur after I become employed may cause me to be placed on suspension and/or terminated once the criminal charges are resolved.

I further certify that any offer of employment is conditional on completion of a drug screen with negative results and verification of my identity and eligibility to be employed in the United States. **WB Manufacturing** uses the program **E-Verify** to verify Form I9 documentation. Further information on **E-Verify** may be obtained by calling **DHS** at **1-888-897-7781** or at **www.dhs.gov/E-Verify**.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with **WB Manufacturing** is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of **WB Manufacturing**.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

Yes

No

Remarks _____

Employed

Yes

No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____ Department _____

By _____
Name & Title Date

Notes _____

