



EMPLOYMENT APPLICATION

Position applying for: _____

Date: _____

Please complete this application by typing or clearly printing. Fully and accurately complete all application questions, even if submitting your resume. Use additional sheets provided if more space is required.

Name (Last)	(First)	(M.I.)
Address (Street)	(City)	(State) (Zip)
Telephone (Home)	(Cell)	Email address

Do you have the legal right to work in the U.S.? Yes No
Note: All employment offers are contingent upon proof of eligibility to work in the U.S.

Are you 18 years of age or older ? Yes No
 Have you lived or worked in any other States within the past 7 years? _____ - What States? _____

Have you been convicted of a felony or released from prison within the last ten (10) years? Yes No
Note: Please explain fully any convictions on a separate sheet of paper or on the back side of this application. Each case is considered individually. A conviction will not necessarily preclude you from employment; however failure to disclose convictions can disqualify you from employment.

Are you available to work: Full-time Part-time Temporary
 List hours/days of the week you are available? _____ Salary Desired: _____
 Are you a smoker? (including e-cigs) Yes No

If applying for a driving position, please submit D.O.L. driving abstract with application.

Education

Type of School	School & Location	Circle Yrs Completed	Degree/Certificate
High School		9 th 10 th 11 th 12 th GED	
College or University Studies		1 2 3 4	
Graduate School		1 2 3 4	
Business or Tech. School		1 2 3 4	
Other Relevant Training or courses			

Licenses/Registrations/Certificates

Description	State	Number	Expiration

Work History

List experience which relates to this position. **Begin with your most recent experience.** List all jobs separately and identify gaps in employment. **A résumé will not substitute for the information required in this section.** Résumés may be attached, but do not write "See Résumé" in lieu of completing the application.

FROM: / /	TITLE:	MOST RECENT EMPLOYER:
TO: / /	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
ENDING SALARY:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE:	

FROM: / /	TITLE:	EMPLOYER:
TO: / /	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
ENDING SALARY:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE:	

FROM: / /	TITLE:	EMPLOYER:
TO: / /	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
ENDING SALARY:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE:	

Reference	Relationship	Phone Number
Reference	Relationship	Phone Number
Reference	Relationship	Phone Number

How did you hear about WRS?

Do you have a TWIC card?

Yes

No

Expiration/Application Date: _____

ADDITIONAL EXPERIENCE AND SKILLS (volunteer, internship, etc.):

Is there anything that will interfere with your ability to perform, on a regular basis, the essential duties of the job for which you are applying? (Standing 40 hrs / week, lifting 75 lbs., bending, reaching, etc.)

Notice to Applicants

Drug and Alcohol testing is a prerequisite for, and a condition of employment. WRS conducts pre-employment, post accident, random, and reasonable suspicion drug and alcohol testing. All Drug Testing must show a Negative, Non-Diluted Result. WRS also requires a Pre-Employment Fitness for Duty Examination.

I hereby certify that all statements made in this application and accompanying materials are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment. In accordance with the Fair Credit Reporting Act I hereby authorize WRS to solicit and receive information verifying past employment, previous drug and alcohol test results, driving record, and other references and to conduct full background checks. I authorize both my present and all former employers to release information contained in my personnel files and other related information regarding my employment. I willingly, knowingly, and voluntarily agree to hold harmless and agree to waive any and all legal claims against WRS for such inquiries and any individual who is providing employment information. Finally, I acknowledge that my employment is at-will, which means that either the employee or the company is free to terminate the employment relationship at any time, with or without reason, advance notice, or warning.

SIGNATURE: _____ **DATE:** _____

(SIGNATURE REQUIRED FOR APPLICATION TO BE COMPLETE)