



Application for Employment

This is a general employment application for all jobs. If a job vacancy exists, you may be asked to submit a more detailed survey of your qualifications as they relate to a specific job at Wear-Tek. Please print clearly and answer all items, even if you submit a resume. Be sure to sign and date the application.

Part 1. General Information

Today's Date		Position sought (Job Title)		Wage sought	
Name (First, Middle Initial, Last)					
Mailing Address (Include apartment number, if any)			City		State ZIP
Residence Address (if different from mailing address)			City		State ZIP
Home Phone		Cell Phone	Message Phone		E-Mail Address
Person to contact in case of emergency			Relationship to applicant		Emergency Contact's Phone
How did you hear about Wear-Tek?					
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you provide proof you can be lawfully employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pre-employment and occasional recurring drug testing is a condition of employment at Wear-Tek. Will you submit to drug testing under these conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Check types of employment you will accept: Shift <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating					
Have you missed any work in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much?					

Part 2. Background Information

List any license, certificate, or registration that has been issued to you.			Notes:		
License, Certificate, or Registration	License Number	Expiration Date			
Driver's License					
CDL					
Other					
(Indicate other type)					
Transportation: I drive my own vehicle <input type="checkbox"/> I use public transportation <input type="checkbox"/> Other <input type="checkbox"/>					

Part 3. Education and Training

Have you graduated from high school or passed the GED? Yes No List all **relevant** education.

School Name and Location	Month/Year Attended From To	Major	Type of Degree Awarded	Year Degree Received
1	-			
2	-			

Part 4. References (No relatives or Wear-Tek employees or former employees)

Name	Address	City, State, Zip	Phone	Time Known

Part 5. Employment History List all history for the last 10 years. Use the back of this page if needed.

Are you currently employed? Yes No If yes may we contact your employer? Yes No

1. Present or Last Employer Name	Employer's Address	Employer's Phone Number
----------------------------------	--------------------	-------------------------

Immediate Supervisor's Name	Reason for Leaving	Months & Years Employed in this Position From / To /	Total Time
-----------------------------	--------------------	---	------------

Job Title and Specific Duties	
-------------------------------	--

2. Employer Name	Employer's Address	Employer's Phone Number
------------------	--------------------	-------------------------

Immediate Supervisor's Name	Reason for Leaving	Months & Years Employed in this Position From / To /	Total Time
-----------------------------	--------------------	---	------------

Job Title and Specific Duties	
-------------------------------	--

3. Employer Name	Employer's Address	Employer's Phone Number
------------------	--------------------	-------------------------

Immediate Supervisor's Name	Reason for Leaving	Months & Years Employed in this Position From / To /	Total Time
-----------------------------	--------------------	---	------------

Job Title and Specific Duties	
-------------------------------	--

4. Employer Name	Employer's Address	Employer's Phone Number
------------------	--------------------	-------------------------

Immediate Supervisor's Name	Reason for Leaving	Months & Years Employed in this Position From / To /	Total Time
-----------------------------	--------------------	---	------------

Job Title and Specific Duties	
-------------------------------	--

5. Employer Name	Employer's Address	Employer's Phone Number
------------------	--------------------	-------------------------

Immediate Supervisor's Name	Reason for Leaving	Months & Years Employed in this Position From / To /	Total Time
-----------------------------	--------------------	---	------------

Job Title and Specific Duties	
-------------------------------	--

Part 6. Applicant's Statement This section must be completed to be considered for employment.

I authorize Wear-Tek to investigate my background thoroughly, including a full credit report, when permitted by law. I release, hold harmless, and promise not to claim damages from any of my prior employers listed above for providing information. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, state, or federal law- enforcement authorities. Initials _____

I understand that this application IS NOT an express or implied CONTRACT of employment and that if employed, I have been hired at the will of the employer and that my employment may be terminated at the will of the employer. I also agree and understand that my employment is not for any specific period or duration and may be terminated at will at any time with or without cause, the employer's only obligation being to pay all wages due and owing at the time of termination. Any company property must be returned and any indebtedness to the company must be paid by me. Initials _____

I understand that employment may be contingent upon a post-offer physical examination by a medical doctor. Upon an offer of employment, I authorize the examining doctor, clinic, or organization to release to Wear-Tek any information requested to assess my ability to perform essential work functions or to assess potential risk of injury to myself or others. Initials _____

Part 7. Signature and Date This section must be completed to be considered for employment.

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST SIGN AND DATE THIS APPLICATION.	I hereby affirm that all information provided on this application, and accompanying documents, is true and complete. I also agree and understand that Wear-Tek may verify information, and that false or misleading information, or significant omissions, are cause for rejection of this application, or dismissal if employed.	
	Signature	Date (Month/Day/Year) / /