

EMPLOYEE APPLICATION

			Date
Last Name	First Name		Middle Initial
Street Address and/or Mailing Address		City	State Zip Code
Home Telephone	Cell Number	Emergency Contact Person and #	
Email Address		Date of Birth	Gender

EDUCATION

TYPE	SCHOOL NAME	AREA OF STUDY
High School		
College		
Other		

WORK HISTORY

JOB TITLE #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Reason for Leaving	Starting Salary	Ending Salary

JOB TITLE #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Reason for Leaving	Starting Salary	Ending Salary

REFERENCES

NAME	ADDRESS/CITY/STATE	PHONE	RELATIONSHIP

QUALIFICATION QUESTIONS

Are you willing to go through a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to undergo a drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be able to prove you are employable if you are offered a job? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the position for which you are interviewing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you meet the attendance requirements of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No
How soon are you actually available for work? Date: _____

EQUAL EMPLOYMENT OPPORTUNITY

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Wingfoot Services will be based on merit, qualifications, and the needs of the company. Wingfoot Services does not unlawfully discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, ancestry, medical conditions, family care status, sexual orientation, or any other basis prohibited by law. Wingfoot Services will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship to the extent required by law. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

SIGNATURE STATEMENT

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application. I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is **"at will,"** and that hours are not guaranteed, which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Applicant Signature

Date

