

AT-WILL EMPLOYMENT APPLICATION

WB Construction LLC

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

(PLEASE PRINT)

Position Applied for:		Date of Application:	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Workforce Development Center <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name
Address		City	State Zip Code
Telephone Number(s) Home		Cell	Other
		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before? Yes No If Yes, give date _____

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

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "layoff" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Are you available to work Overtime and/or night shifts? Yes No

Have you been convicted of a crime within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

This application will remain active for 180 days.

(cont'd)

EDUCATION

	Name and City of School	Course of Study	Date Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Technical or Trade				
Other (Specify)				

Indicate any foreign languages you speak, read, and/or write			
	Fluent	Well	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.	
<u>NCCER Craft Accreditation(s)</u>	<u>Card#</u>
<u>NCCCO (crane operator)</u>	<u>Card#</u>
<u>ISNetworld:</u>	<u>Card#</u>
<u>Other:</u>	

(cont' d)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include volunteer activities. You may exclude organizations that indicate race, color, religion, national origin or ancestry, sex, age (18+), disability, veteran status, or any other legally protected status under local, state, or federal law.

Employer	Dates Employed	Work Performed
	From To	
Address		
Job Title	Hourly Rate/Salary	
	Starting Final	
Supervisor		
Telephone Number(s)		
Reason for Leaving		
Employer	Dates Employed	Work Performed
	From To	
Address		
Job Title	Hourly Rate/Salary	
	Starting Final	
Supervisor		
Telephone Number(s)		
Reason for Leaving		
Employer	Dates Employed	Work Performed
	From To	
Address		
Job Title	Hourly Rate/Salary	
	Starting Final	
Supervisor		
Telephone Number(s)		
Reason for Leaving		

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

(cont'd)

ADDITIONAL INFORMATION

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

You may exclude memberships that would reveal race, color, religion, national origin or ancestry, sex, age (18+), disability, veteran status, or any other legally protected status under local, state, or federal law:

Other qualifications

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

Safety & Other Training / Skills:	Check Skills/Equipment Operated	
<u>Safety Training</u>	<u>Equipment Operated</u>	
<input type="checkbox"/> OSHA 10 hr	<input type="checkbox"/> OSHA 30 hr	Machinery (list):
<input type="checkbox"/> First Aid	<input type="checkbox"/> CPR	Other (list):
<input type="checkbox"/> Other _____		_____
<input type="checkbox"/> Safety Council (Place / Training) _____		_____

State any additional information you feel may be helpful to us in considering your application.

(cont'd)

REFERENCES

1. _____ () _____
 Name Phone #

 Address

2. _____ () _____
 Name Phone #

 Address

3. _____ () _____
 Name Phone #

 Address

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed 180 days and that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT-WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. 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 THIS ORGANIZATION.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or a refusal to hire. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

(CONT'D)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____ Date _____

NOTES:

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

INTERVIEWER

DATE

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE