

WCC Employment Application

(Use tab key, not enter key)

- ✓ Please complete this application by typing or printing in ink. **INCOMPLETE** or **UNSIGNED** applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.
- ✓ Do you need an accommodation to participate in the application or interview process? Yes No

PERSONAL DATA

Name _____

Present Address _____ City _____ State _____ Zip _____

Phone () - Message Phone () - E-Mail Address _____

Driver's License:
State:
Expiration Date:

Operator CDL CDL Type _____ Endorsements _____

Social Security No: _____ DOB: _____

EDUCATION

High School Diploma or GED? Yes No Post Secondary Degree? _____

Name of school beyond High School _____

Training Length _____ Date Completed _____

Major _____ Minor _____

Apprenticeship Level _____ In which trade? _____

Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) _____ / _____ To (mm/yy) _____ / _____ Reason for leaving _____

May we contact your employer? Yes No

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*

Job Title _____ Phone () _____ - _____

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) _____ / _____ To (mm/yy) _____ / _____ Reason for leaving _____

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Examples include; classes (include dates), certificates, current licenses, specific equipment and other skills.

LIST REFERENCES (preferably persons who know about your work/training)

Name	Address	Phone Number
_____	_____	() -
_____	_____	() -
_____	_____	() -

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? Yes No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ **Date:** _____