

# APPLICATION FOR EMPLOYMENT



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, citizenship, height, weight, handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applying For:

Referral Source: \_\_\_Advertisement: Which paper or Internet site: \_\_\_\_\_

\_\_\_Friend: If checked, who: \_\_\_\_\_

\_\_\_Relative: If checked, who: \_\_\_\_\_

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Are you 18yrs. of age or older?.....\_\_\_Yes \_\_\_No

Have you filed an application here before?.....\_\_\_Yes \_\_\_No

Are you currently working?.....\_\_\_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?.....\_\_\_Yes \_\_\_No  
(Proof of citizenship or immigration status **will** be required upon employment.)

On what day would you be available for work? \_\_\_\_\_

Are you available to work:  Full-time  Part-time

Are you available for overtime?.....\_\_\_Yes \_\_\_No

Are you currently on lay-off or subject to recall?.....\_\_\_Yes \_\_\_No

Have you been convicted of a felony or misdemeanor in the last 7 years? .....\_\_\_Yes \_\_\_No  
(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain \_\_\_\_\_

Have you ever been employed by this organization before?..... Yes  No

If yes, give dates employed and indicate if employed under a different name:\_\_\_\_\_

Please indicate the names of any relatives currently or previously employed by this employer:\_\_\_\_\_

Will you submit to a drug screening test?..... Yes  No

Some positions require heavy lifting (up to 50 lbs) will this be a problem?..... Yes  No

If not able to lift up to 50 lbs. what limit can you lift?\_\_\_\_\_

## EDUCATION

	High School				College/University				Graduate/Professional			
School Name School address												
Years Completed: (Circle)	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe Specialized Training Apprenticeship and Skills												

List professional, trade, business activities and offices held: (You may exclude those which indicate race, color, religion, sex or national origin)

*When filling out employment experience, on the following page, you may exclude organization names which indicate race, color, religion, sex or national origin.*

**EMPLOYMENT EXPERIENCE** – Start with your present or last job.

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

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

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

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

If there are any periods between these employers when you were not employed, please state the dates you were not employed and the reasons for the non-employment. \_\_\_\_\_

## Acknowledgement and Agreements

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1. I certify that answers given in this application are true and complete to the best of my knowledge and understand that false or misleading information or omission of information given in my application or interview(s) may result in rejection of my application or, if hired, dismissal of my employment with Linda Weston Personnel, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2. In consideration of my employment, I agree to the rules and regulations of Linda Weston Personnel, Inc, and I agree that my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the company or myself. I understand that no officer or representative of the company has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the President or Project Manager of Linda Weston Personnel, Inc. and any such agreement must be made in a writing, signed and directed to me and the Project Manager personally.

I further acknowledge that no one has made any representations or statements contrary to the company's at-will policy to me, or about the company's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

I future acknowledge that if I accept an offer of employment with Linda Weston Personnel, Inc., I have not relied on any oral or written representations relating to the terms and conditions of my employment or otherwise in accepting or continuing my employment with Linda Weston Personnel, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

3. If employed, I understand that if I am in need of special accommodations for employment, I must notify the President or Project Manager of Linda Weston Personnel, Inc. in writing within 182 days after the need is known or reasonably should have been known to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4. I authorize the employers listed in my employment application to provide you with any and all information concerning my previous employment and any pertinent information they may have (even if more than four years old). I hereby waive my right to written notice from any current or previous employers of such disclosure of information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5. I authorize Linda Weston Personnel, Inc to release any information (even if more than four years old) relating to my employment when such information is requested by any of my prospective or subsequent employers without any obligation (by them or you) to give me notice of such disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

6. I agree that, unless a shorter limitations period applies, any lawful actions against Linda Weston Personnel, Inc. or any of its officers, directors, employees or agents arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within 365 days of the event giving rise to the claims or be forever barred. I understand that limitations periods for these claims are generally longer and agree to waive those periods.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

7. **I have read, understand and voluntarily agree to the terms in each of the above six (6) individual statements indicated above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date