## APPLICATION FOR EMPLOYMENT

WPT Corporation P. O. Box 477

Highway 231 South, Beaver Dam, KY 42320

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

Last Name	First	Middle		Date	
Street Address				Home Telephone	
City, State, Zip				Business Telephone	
Have you ever appl ☐ Yes ☐ No	ied for employment with us? If yes: Month and Year Lo	Social Security Number			
Position Desired			Pay Expected		
Apart from absence ☐ Yes ☐ No	e for religious observance, are you availa If not, what hours can you work?	Will you work overtime if asked?  ☐ Yes ☐ No			
Are you legally elig ☐ Yes ☐ No	ible for employment in the United States	?		When will you be avai	
from employment.)	r convicted of a crime other than a minor Yes No onviction, and the completion of any ser	If ves, pleas	e explain fully	, including the date, pla	ce, nature of the
	onviction, and the combletion of any ser	iterice. (Add additi	onal sheet if he	ecessary.)	
crime, the date of c					
crime, the date of c					
crime, the date of c					
School	Name and Location of School	Course of Study	No. Of Yes		
School				ed Graduate?	
School Graduate				ed Graduate?  Yes No Yes	
School  Graduate  College  Business/Trade/				Graduate?  Yes No Yes No Yes No	
School  Graduate  College  Business/Trade/ Technical				Yes	Degree or Diploma
School  Graduate  College  Business/Trade/ Technical  High School				Yes	

## EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer.

	Company Name	Telephone		
	Address	Employed (State month and year) From: To:		
1	Name of Supervisor	Weekly pay: Start: Last:		
	Job Title and Description of Your Work	Reason for Leaving:		
	Company Name	Telephone		
	Address	Employed (State month and year) From: To:		
2	Name of Supervisor	Weekly pay: Start: Last:		
	Job Title and Description of Your Work	Reason for Leaving:		
	Company Name	Telephone		
	Address	Employed (State month and year) From: To:		
3	Name of Supervisor	Weekly pay: Start: Last:		
	Job Title and Description of Your Work	Reason for Leaving:		
	Company Name	Telephone		
	Company stand			
	Address	Employed (State month and year) From: To:		
4	Name of Supervisor	Weekly pay: Start: Last:		
	Job Title and Description of Your Work	Reason for Leaving:		

We may contact the employers listed above		DO NOT CONTACT					
unless you indicate those you do not want us to contact.	Employe	r Number(s) Reason					
		I					
		Did you serve in the U.S. Armed Forces? ☐ Yes ☐	No _	If Yes, in what Branch?			
Describe any training received rel	evant to the	position for which you are applying	J.				
REFERENCES	EFERENCES			Give the names of 3 persons not related to you, whom you have known at least one year.			
Name		Address	Busi	ness	Years Acquainted		
1							
2							
3							
elineated as do not contact o not contact Reference #(	•	•	gnature				
N CASE OF EMERGENCY, N	IOTIFY:	Email Addre	SS				
	IOTIFY:	Email Addre	ss				
N CASE OF EMERGENCY, N	IOTIFY:		ss				
S The information provid	ded by the	ADDRESS	ion for Emplo				
S The information provide If employed, any missing G	ded by the tatement o	ADDRESS PHONE  undersigned in this Applicator omission of fact on this Applicator of the control	ion for Emplo	y result in I	ny dismissal.		

Signature

Date