



Application for Employment

We consider applicants for all positions without discrimination based on 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
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Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number(s)	Cell	Other	

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

If No, when? _____

Are you authorized to work lawfully in the United States? _____ Yes _____ No

Are you being referred by a current employee? _____
 Employees Name

On what date would you be available to work? _____

Are you available for: _____ Full Time _____ Part Time

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

What shifts are you available to work?

_____ 7am -7pm _____ 7pm -7am
 _____ Weekends _____ Mon - Fri

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

Can you travel if the job requires? _____ Yes _____ No

Have you ever been involuntarily terminated from a job? _____ Yes _____ No

If Yes, please explain: _____

EDUCATION

	Name and Address of School	Course of Study	Diploma/Degree Level
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			
Speak, Read and Write Fluently: _____ English _____ Other: _____			
Describe any specialized training, apprenticeship, skills and extra-curricular activities. _____ _____ _____			

EMPLOYMENT

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

	From	To
1. Employer _____ Address _____ Telephone Number(s) _____ Job Title _____/Pay Rate _____ Reason for Leaving _____	_____	_____
2. Employer _____ Address _____ Telephone Number(s) _____ Job Title _____/Pay Rate _____ Reason for Leaving _____	_____	_____

	From	To
3. Employer _____		
Address _____		
Telephone Number(s) _____	_____	_____
Job Title _____/Pay Rate _____		
Reason for Leaving _____		
4. Employer _____		
Address _____		
Telephone Number(s) _____	_____	_____
Job Title _____/Pay Rate _____		
Reason for Leaving _____		

How did you learn about us?			
_____ Indeed	_____ Facebook	_____ Walk -In	_____ Friend/Relative
_____ WPT Site	_____ LinkedIn	_____ Other/Explain: _____	

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

<p>List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

ADDITIONAL INFORMATION

<p>Other Qualifications</p> <p>Summarize special job-related skills and qualifications acquired from employment or other experience.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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 HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH WPT CORPORATION WOULD BE AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR 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. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewed: _____ Yes _____ No

INTERVIEWER

DATE

Job Offered _____ Yes _____ No

Job Accepted _____ Yes _____ No

Job Title: _____

Hourly Rate/Salary _____

Department _____

Shift _____

Notes: _____

