



Application For Employment

It is the policy of WellNecessities to offer equal opportunity to all qualified applicants and employees without unlawful regard to race, ancestry, color, national origin, sex, religious preference, age, marital status, physical or mental disability, or veterans status. Reasonable accommodation, as defined in the Americans with Disabilities Act, will be made for individuals with known disabilities to enable them equal opportunity in the employment process, to perform the essential functions of the job, and to enjoy employment-related privileges.

(PLEASE PRINT)

PLEASE READ & COMPLETE ALL PAGES. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

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"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

LAST NAME	FIRST NAME	MIDDLE NAME			
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (S)			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

Have you ever been terminated from employment or asked to resign by employer? Yes No

May we contact your present employer? Yes No

Are you authorized to work in the US on an unrestricted basis? Yes No

On what date would you be available to start work? _____ Expected Wage/Salary: _____

Are you applying for: Full Time Part Time Shift Work Temporary

Are you willing to travel if a job requires it? Yes No

Are you able to perform the essential functions of the job applied for with or without a reasonable accommodation? Yes No

Are you willing to work overtime as required? Yes No

Have you signed any agreements that include any provisions that could either prohibit employment with us or restrict the terms and conditions of employment with us? Yes No

If yes, what type of agreement? _____

Employment History

Provide the following information for your past and current employers (please include work history for a minimum of 10 years), assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

EMPLOYER ()	TELEPHONE ()	DATES EMPLOYED From To	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
JOB TITLE		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ per	

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Comments (INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT): _____

Skills and Qualifications – Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

Educational Background IF JOB RELATED EDUCATION WILL BE VERIFIED

- A. List last three (3) schools attended, starting with the most recent. B. List number of years completed.
 C. Indicate degree or diploma earned, if any. D. Grade point average or class rank. E. Major field of study.
 F. Minor field of study (if applicable) G. Indicate whether or not you graduated.

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR	G. DID YOU GRADUATE?

Residency

List any residencies from the past seven (7) years.

ADDRESS	CITY	STATE	ZIP CODE

References

List name and telephone number of three (3) professional references who are not related to you and one (1) must be a prior supervisor/manger.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY, OR OTHER PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc. EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY, OR OTHER PROTECTED STATUS.

List any additional information you would like us to consider: _____

Applicant's Statement

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I certify that no agreement signed with another employer precludes my employment with your company.

I give the employer the right to conduct contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I also understand that if I am hired, I will be required to go through a background and drugscreen. I will be required to provide proof of identity and legal work authorization. As a condition and continuation of employment, I agree to submit to any required testing, as permitted by law, including a drug screen. I understand that I must successfully complete all pre-employment testing to be eligible for employment and the company reserves the right to deny me employment at any time during the pre-employment process without disclosing the reason and/or reasons.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Department _____ Hourly Rate/Salary _____

By _____
Name Title Date

NOTES _____

