



APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

(Pre-Employment Drug Testing Required)

"Safety RULES"

PERSONAL INFORMATION

Date: _____

NAME Last First Middle SS#:

PRESENT ADDRESS Street City State Zip

IF CURRENT RESIDENCE IS LESS THAN 2 YEARS, PLEASE PROVIDE PREVIOUS RESIDENCE ALSO.

PHONE NUMBER Street City State Zip
 DRIVER'S LICENSE NO. REFERRED BY:

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED? YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

EVER APPLIED TO WENCO BEFORE? WHEN? ARE YOU UNDER THE AGE OF 18? YES NO

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH OR SPECIAL TRAINING/SKILLS:

U.S. MILITARY OR NAVAL SERVICE RANK

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST):

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: Names of three (3) persons not related to you whom you have worked with or for in the last 5 years.

NAME	BUSINESS NAME & ADDRESS	Phone No.	Years Acquainted
1			
2			
3			

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application will be grounds for dismissal.

I authorize investigation of all statements herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

In consideration of my employment, I agree to conform to Wenco's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or Wenco's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Wenco.

I also understand and agree that no representative of Wenco has any authority to enter into any agreement for employment of any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS

ABILITY/SKILLS

HIRED: YES NO POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED _____ DATE _____

DIVISION MANAGER