

Date: ____ / ____ / ____

Position applied for: _____

APPLICATION DATA

How were you referred to us: _____

Full Name: _____

Last

First

Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Mobile/Other Phone: _____ Email: _____

Date available to start: _____ Social Security #: _____ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for W.E. Welch & Associates? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No If no, do you have work papers? Yes No

Type of employment desired: Full-time Part-time Temporary Season

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection of employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.

Driver's license number if applicable to position: _____ State: _____

EDUCATION

High School: _____ Address: _____

of Years Completed _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

College/University: _____ Address: _____

of Years Completed _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Other: _____ Address: _____

of Years Completed _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS

PREVIOUS EMPLOYMENT

Please begin with the most recent position.

Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ **Position(s) Held:** _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ **Position(s) Held:** _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ **Position(s) Held:** _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

REFERENCES

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

