

**CLASSIFIED EMPLOYMENT APPLICATION**  Equal Opportunity Employer

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| --- |
| **Position Applying For:****FULL TIME** OR **PART TIME** |

**1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. HOME #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_SSN:\_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_ DRIVER’S LICENSE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Have you been convicted of, or plead guilty to a felony or misdemeanor after your 18th birthday? YES NO**

 **If YES, please explain (this does not automatically disqualify you from being hired).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. If hired, are you able to provide proof of eligibility to work in the U.S.? YES NO**

**7. Are you available for immediate employment? YES If not, when can you start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. If you have any physical condition or handicap that may limit your ability to perform your job duties,**

**PLEASE EXPLAIN HOW WE MAY ACCOMMODATE YOU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. EDUCATION/TRAINING RECORD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **NAME OF SCHOOL** | **CITY/STATE** | **HIGHEST GRADE****COMPLETED** | **MAJOR****SUBJECTS** | **DID YOU****GRADUATE** |
| **HIGH SCHOOL** |  |  |  |  |  |
| **COLLEGE/****TRADE SCHOOL** |  |  |  |  |  |

**10. IF YOU SERVED IN THE ARMED FORCES, PLEASE DESCRIBE YOUR DUTIES AND SPECIAL TRAINING:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. IF YOU POSSESS ANY LICENSE OR CERTIFICATE, PLEASE GIVE THE FOLLOWING INFORMATION:**

 **a. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **c. Issuing State: \_\_\_\_\_\_\_\_\_\_\_\_ d. Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e. Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. PERSONAL REFERENCES (other than a relative or former employer):**

 **a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **NAME TELEPHONE OCCUPATION**

 **b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **NAME TELEPHONE OCCUPATION**

**c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **NAME TELEPHONE OCCUPATION**

**13. EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **NAME TELEPHONE RELATIONSHIP**

**14. DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THIS COMPANY? YES NO**

 **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**15. WORK EXPERIENCE (please list your current or most recent employer first):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FROM****MO./Yr.** | **TO****Mo./Yr.** | **EMPLOYER NAME** | **SUPERVISOR****NAME/PHONE** | **JOB TITLE** | **YOUR DUTIES** | **YOUR SALARY/WAGE** | **REASON FOR LEAVING** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

 **MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO**

**16. PLEASE LIST ANY LANGUAGES OTHER THAN ENGLISH THAT YOU CAN SPEAK AND/OR WRITE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**17. PLEASE LIST ANY PERTINENT INFORMATION THAT HAS NOT BEEN ADDRESSED IN THIS APPLICATION:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**18. PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING:**

 **I certify that all information on this application is accurate and true to the best of my knowledge and authorize investigation of all statements contained in this application. I understand and agree that any misstatements, omissions, or falsification of any material fact within will cause forfeiture of all rights, terms, conditions, and privileges of employment with Westech Systems, Inc.**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use Only
Start Date: \_\_\_\_\_\_\_\_\_\_ Hourly Pay:\_\_\_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_ Hat Size: \_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_**