



Application for Employment
Wellington Implement Co., Inc.

Personal Information

Date:

Name

Social Security Number

Present Address

City

State

Zip Code

Permanent Address (if different)

City

State

Zip Code

Phone Number

e-mail address

Referred by

Employment Desired

Position

Date you can start

Salary Desired

Are you employed? yes no

If so, may we contact your present employer? yes no

Have you ever applied to this company before? yes no

If so, when?

Education History

Name & location of school

Years attended

Did you graduate?

Subjects studied

Grammar Sch.

High School

College

Trade, Business Corresp. Sch.

General Information

Subjects of special study, research work or special training. Or subjects of interest and why?

U.S. Military or Naval Service

Rank

--continued on other side

Former Employers (List below last four employers, starting with last one first.)

Date Month & Year	Name & Address of Employer	Position	Salary	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

References (Give below the names of three people not related to you who we may call and who have known you for at least one year.)

Name	Address	Type of Business	Yrs. Known

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 shall be grounds for dismissal.

I authorize investigation of all statements contained 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.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified 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 _____

Remarks-----Do not write below this line-----

Comments about neatness, character, personality, ability.

Hired? Position Will report on Wages/Salary

Interviewed by _____ Date _____