Application for Employment

Wellington Implement Co., Inc. is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

General

NAME _____

ADDRESS _____

TELEPHONE _____ DATE AVAILABLE FOR EMPLOYMENT _____

TYPE OF WORK DESIRED _____

Have you ever been employed by this company? ___ Yes ___ No
Are you available to work ___ FULL TIME ___ PART TIME ___ OVERTIME
Do you have a valid Ohio driver's license? ___ Yes ___ No
Are you employed now? ___ Yes ___ No
May we contact your present employer? ___ Yes ___ No

If yes, give name of business/contact/phone _____

Education

	Elementary	Secondary	College	Graduate School
Name & Address	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Years Completed	4 5 6 7 8	8 10 11 12	1 2 3 4	1 2 3 4
Course of Study	_____	_____	_____	_____

Special Skills, Qualifications and Considerations: Summarize special skills & qualifications, volunteer activities, military experience, employment, or other activities related to the job you are seeking:

References: List 3 non-relatives who are familiar with your qualifications, work history and ability.

Name	Occupation/Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experience:

Employer _____ Supervisor's Name_____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)

Your Salary: _____ Duties: _____

What did you like most about your jot? _____

Reason for leaving? _____

Employment Experience:

Employer _____ Supervisor's Name_____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)

Your Salary: _____ Duties: _____

What did you like most about your jot? _____

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Employment Experience:

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Employment Experience:

Employer _____ Supervisor's Name_____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)

Your Salary: _____ Duties: _____

What did you like most about your jot? _____

Reason for leaving? _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGINED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize ***Wellington Implement Co., Inc.*** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired, I will be responsible for familiarizing myself with all rules and regulations of ***Wellington Implement Co., Inc***. as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of ***Wellington Implement Co., Inc***. or at my option, without notice, at any time and for any reason.

I further understand that no representative of ***Wellington Implement Co., Inc.*** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by an authorized company representative.

I have read, understand and agree with the above.

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_____ _____

Signature of Application **Date**

This application is valid for only 90 days from the date it is signed. If you want to be considered for job openings after this period, a new application must be submitted.

----------DO NOT WRITE BELOW THIS LINE----------

Comments:

Hired? _____ Will report to work on _____. Wage/Salary _____

Interviewed by _____ Date _____