

EMPLOYMENT APPLICATION



Please Print or Type

PERSONAL INFORMATION			
LAST NAME:	FIRST NAME:	M.I.	SSN (Optional):
POSITION(S) APPLIED FOR:			
MAILING ADDRESS:		CITY:	STATE: ZIP:
PERMANENT ADDRESS:		CITY:	STATE: ZIP:
CELL PHONE:	HOME PHONE:		
EMAIL:			
SALARY DESIRED:	POSITION DESIRED:	DATE AVAILABLE:	

WHAT DAYS OF THE WEEK AND HOURS CAN YOU WORK?							
DAY:	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM:							
TO:							

PLEASE NOTE ANY OTHER DETAILS PERTAINING TO AVAILABLE SCHEDULE:			
HOW DID YOU HEAR OF THIS POSITION?			
DOES A MEMBER OF YOUR FAMILY CURRENTLY WORK AT WATERSTONE?	YES	NO	IF SO, LIST THEIR NAME:
HAVE YOU EVER APPLIED TO OR WORKED FOR WATERSTONE BEFORE?	YES	NO	IF SO, WHEN?

EDUCATION AND TRAINING					
SCHOOL NAME:	CITY, STATE	DEGREE EARNED	YEARS ATTENDED	DID YOU GRADUATE?	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
PLEASE PROVIDE ANY OTHER SIGNIFICANT INFORMATION OR JOB RELATED EXPERIENCE:					

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EMPLOYMENT ELIGIBILITY / WORK AUTHORIZATION: (VERIFICATION WILL BE REQUIRED UPON HIRE)

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?				YES	NO
ARE YOU UNDER THE AGE OF 18?	YES	NO	IF UNDER 18, DO YOU HAVE A WORK PERMIT?	YES	NO

EMPLOYMENT HISTORY

Begin with current or most recent employer including all periods of unemployment or temporary employment for the last five years. Please use second sheet if needed.

1.	EMPLOYER NAME:	START DATE:	END DATE:		
	SUPERVISOR NAME AND TITLE:	PHONE OR EMAIL:			
	REASON FOR LEAVING:	MAY WE CONTACT EMPLOYER?	YES	NO	
	RESPONSIBILITIES, JOB RELATED EXPERIENCE, TOOLS OR EQUIPMENT USED:				
2.	EMPLOYER NAME:	START DATE:	END DATE:		
	SUPERVISOR NAME AND TITLE:	PHONE OR EMAIL:			
	REASON FOR LEAVING:	MAY WE CONTACT EMPLOYER?	YES	NO	
	RESPONSIBILITIES, JOB RELATED EXPERIENCE, TOOLS OR EQUIPMENT USED:				
3.	EMPLOYER NAME:	START DATE:	END DATE:		
	SUPERVISOR NAME AND TITLE:	PHONE OR EMAIL:			
	REASON FOR LEAVING:	MAY WE CONTACT EMPLOYER?	YES	NO	
	RESPONSIBILITIES, JOB RELATED EXPERIENCE, TOOLS OR EQUIPMENT USED:				
4.	EMPLOYER NAME:	START DATE:	END DATE:		
	SUPERVISOR NAME AND TITLE:	PHONE OR EMAIL:			
	REASON FOR LEAVING:	MAY WE CONTACT EMPLOYER?	YES	NO	
	RESPONSIBILITIES, JOB RELATED EXPERIENCE, TOOLS OR EQUIPMENT USED:				

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REFERENCES

Please list three business references, not related to you and have known you for at least for one year.

NAME:	ADDRESS	YEARS KNOWN	RELATIONSHIP	PHONE NUMBER

ACKNOWLEDGMENT AND UNDERSTANDING

Please read carefully, initial each paragraph and sign below.

INITIALS:	<i>I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.</i>
INITIALS:	<i>I hereby authorize the company to thoroughly investigate my references, work record, education, and any other matters related to my suitability for employment and, further, authorize the references that I have listed to disclose to the company any and all reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.</i>
INITIALS:	<i>I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.</i>

PRINT NAME

SIGNATURE

DATE