

Wynter Industries Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE		
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APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.	DATE
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Name			
Last	First	Middle	Maiden

Present address				
Number	Street	City	State	Zip

How long	Social Security No. _____ - _____ - _____
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Telephone (____).

If under 18, please list age	Date of Birth:
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Position applied for (1) and salary desired (2) (Be specific)	Days/hours available to work No Pref Thur Mon Fri Tue Sat Wed Sun
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How many hours can you work weekly?	Can you work nights?
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Employment desired	FULL-TIME ONLY	PART-TIME ONLY	FULL- OR PART-TIME
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When available for work?

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TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes
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If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.
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DO YOU HAVE A DRIVER'S LICENSE? Yes No
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What is your means of transportation to work?

Driver's license number	State of issue _____	Operator	Commercial (CDL)	Chauffeur
Expiration date				

Have you had any accidents during the past three years?	How many?
Have you had any moving violations during the past three years?	How Many?
OFFICE ONLY	

Typing	Yes No	_____ WPM	10-key	No	Yes	Word Processing	No	Yes	_____ WPM
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Personal Computer	Yes No	PC Mac	Other Skills
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Please list two references other than relatives or previous employers.

Name	Name
Position	Position
Company	Company
Address	Address
Telephone (____)	Telephone (____)

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT	
MILITARY	

HAVE YOU EVER BEEN IN THE ARMED FORCES?	Yes	No
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ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	Yes	No
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Specialty	Date Entered	Discharge Date
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Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.
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Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
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City, State, Zip Code Phone number		From To	Start Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
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City, State, Zip Code Phone number		From To	Start Final
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did?