



EMPLOYMENT APPLICATION

Instructions: Please print with ink or type.

Wingard & Company is an Equal Opportunity Employer

PERSONAL

Last Name:		First:	Middle Initial:	Today's Date:
Address:		City:	State:	Zip Code:
Phone:	Alternate Phone:	Email:		

EMPLOYMENT INTEREST

Position Applying For:	Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date available for work:
Minimum Salary Requirements:	Are you legally eligible for employment in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY/MILITARY EXPERIENCE

List all jobs and activities, including part-time employment, self-employment and military. Complete this section even if you attach a resume. Account for all periods of employment or unemployment.

Employer (Present or Most Recent):	Street:	City:	State:	Zip:
Supervisor (Name and Title):		Phone:		
Job Title/Description of your Duties:				
Employment Dates (Month & Year):	Final Salary Per Month/Year:	Reason for Seeking Other Employment:		
If presently employed, may we contact your employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact you at your present place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give telephone number, and extension:		
Next Previous Employer:	Street:	City and State		
Supervisor (Name and Title)		Phone:		
Job Title/Description of your Duties:				
Employment Dates (Month & Year):	Final Salary Per Month/Year::	Reason for Seeking Other Employment::		
Next Previous Employer:	Street:	City and State		
Supervisor (Name and Title):		Phone:		
Job Title/Description of your Duties:				
Employment Dates (Month & Year):	Final Salary Per Month/Year::	Reason for Seeking Other Employment::		

EDUCATION

High School/GED	City, State:	Grade Completed:	Curriculum:	
College/Trade School	City, State:	Avg. Grade:	# of Years Completed:	Degree Earned? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL REGISTRATION/LICENSES		
Registration/License:	Indicate Credentialing Agency:	Expiration Date:

SKILLS RELEVANT TO THE POSITION YOU ARE APPLYING FOR

PROFESSIONAL/WORK REFERENCES			
Name	Employer	Relationship	Email

Are your school or previous employment records under any name other than the one you now use? If yes, what is the other name?

GENERAL INFORMATION	
Have you ever worked for this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where?
Have you ever applied for work at this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where?
Please indicate source of referral to this Company:	

Please read the following paragraphs before you sign this application.

Conditions of Employment. If I am given employment now or in the future, either in the position for which I am applying or in any other position, I understand that such employment will be for an indefinite period and may be terminated at any time, with or without notice, and without any liability for salary or wages except that earned through the date of termination. I also understand that employment agreements may only be promised or entered into with the prior approval of the Operations Manager.

If I am hired, I am required to verify that I am authorized to work in the United States. I must present this documentation within three days of my employment date.

Background Investigation. I authorize whatever inquiries Wingard & Company deems necessary to any person, educational institution, company or other organization to verify any of the information given in this employment application or in connection with it, and to otherwise determine my qualifications and abilities. I release such persons, educational institutions, companies or other organizations from any liability due to responding to Wingard & Company inquiries.

I also understand that my application may be rejected and my employment may be terminated at any time for any false or incomplete statements made on this employment application or for any other false or incomplete information given by me in connection with it.

Signature. Please read before signing to ensure that all questions on this application have been answered correctly. If you have questions regarding this or any other employment form, please ask them before signing.

I hereby acknowledge that I have read the above statement and understand it.

Signature

Date

E-Verify

Wingard and Company participates in E-Verify. Wingard will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

EEO Statement

Wingard & Company is committed to providing equal opportunity to all employees without regard to race, color, religion or creed, sex, age, ancestry or national origin, marital status, physical or mental disability, status as a military veteran, sexual orientation, gender identity or any other status or characteristic protected by law. All personnel decisions, including hiring, promotions, and compensation are made without regard to these factors.