



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Please type or print in ink

DATE OF APPLICATION

				Month	Day	Year
PERSONAL						
NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER HOME ()		
				WORK/DAYTIME/MESSAGE ()		
ADDRESS:		STREET	CITY	STATE	ZIP CODE	
PLEASE INDICATE OTHER NAMES YOU HAVE USED WHILE WORKING OR ATTENDING SCHOOL, SUCH AS A FORMER NAME, ETC.						

POSITION OBJECTIVE

POSITION DESIRED:	DATE AVAILABLE TO START WORK:	SALARY/WAGE DESIRED:
TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL OR PART TIME		
GEOGRAPHIC PREFERENCE(S)	DAYS/HOURS AVAILABLE TO WORK <input type="checkbox"/> MON _____ <input type="checkbox"/> TUES _____ <input type="checkbox"/> WED _____ <input type="checkbox"/> THU _____ <input type="checkbox"/> FRI _____ <input type="checkbox"/> SAT _____ <input type="checkbox"/> SUN _____ <input type="checkbox"/> NO PREFERENCE	
MINIMUM HOURS ACCEPTABLE PER WEEK _____ MAXIMUM HOURS ACCEPTABLE PER WEEK _____		
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (JOB DESCRIPTION WILL BE PROVIDED UPON REQUEST)		

GENERAL INFORMATION

HAVE YOU EVER APPLIED FOR EMPLOYMENT AT THE COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND AT WHICH OFFICE? (APPROXIMATELY MONTH AND YEAR)	REFERRED BY:
HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT. (DO NOT INCLUDE CONVICTIONS WHILE A MINOR, CONVICTIONS SEALED BY COURT ORDER AND/OR CONVICTIONS FOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN 2 YEARS OLD). <input type="checkbox"/> YES* <input type="checkbox"/> NO *IF YES, PLEASE STATE NATURE OF OFFENSE(S), CITY, STATE AND DISPOSITION: (Use an additional sheet if necessary)		
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE DETAILS (E.G., BY WHAT EMPLOYER, WHEN AND WHY)	
CAN YOU PROVIDE PROOF THAT YOU ARE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT HISTORY

EXPERIENCE: Please account for all employment within the last ten years, beginning with your current or most recent employer. In addition, please state any other experience you

believe is relevant to the position for which you are applying (e.g., volunteer experience, military experience, experience gained over ten years ago, etc.). Attach an additional sheet if extra space is needed.

(List PRESENT or MOST RECENT employer first)

MAY WE CONTACT YOUR CURRENT EMPLOYER EVEN IF AN OFFER OF EMPLOYMENT HAS NOT YET BEEN EXTENDED?				
<input type="checkbox"/> YES <input type="checkbox"/> NO (IF YOU ACCEPT AN OFFER OF EMPLOYMENT, THE COMPANY MAY CONTACT YOUR CURRENT EMPLOYER EVEN IF YOU CHECK NO.)				
MO	FROM YR	MO	TO YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (CO. NAME, STREET, CITY, STATE, ZIP)
\$	STARTING SALARY/WAGE PER	\$	ENDING SALARY/WAGE PER	YOUR JOB TITLE: IMMEDIATE SUPERVISOR: TELEPHONE ()
DESCRIPTION OF DUTIES:				
REASON FOR LEAVING (REQUIRED):				
MO	FROM YR	MO	TO YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (CO. NAME, STREET, CITY, STATE, ZIP)
\$	STARTING SALARY/WAGE PER	\$	ENDING SALARY/WAGE PER	YOUR JOB TITLE: IMMEDIATE SUPERVISOR: TELEPHONE ()
DESCRIPTION OF DUTIES:				
REASON FOR LEAVING (REQUIRED):				
MO	FROM YR	MO	TO YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (CO. NAME, STREET, CITY, STATE, ZIP)
\$	STARTING SALARY/WAGE PER	\$	ENDING SALARY/WAGE PER	YOUR JOB TITLE: IMMEDIATE SUPERVISOR: TELEPHONE ()
DESCRIPTION OF DUTIES:				
REASON FOR LEAVING (REQUIRED):				
MO	FROM YR	MO	TO YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (CO. NAME, STREET, CITY, STATE, ZIP)
\$	STARTING SALARY/WAGE PER	\$	ENDING SALARY/WAGE PER	YOUR JOB TITLE: IMMEDIATE SUPERVISOR: TELEPHONE ()
DESCRIPTION OF DUTIES:				
REASON FOR LEAVING (REQUIRED):				

SPECIALIZED SKILLS AND KNOWLEDGE

List any achievements or activities that you consider relevant to your ability to perform the job for which you are applying, such as: awards received,

certifications, memberships or offices held in professional organizations, licenses held, computer languages or software programs, foreign languages (proficiency in speaking and writing), etc.

FOR CLERICAL APPLICANTS ONLY: PLEASE COMPLETE ALL CATEGORIES THAT APPLY	TYPING	WORD PROCESSING	10-KEY ADDING MACHINE	OTHER SPECIALIZED CLERICAL SKILLS/KNOWLEDGE:
	_____ WPM	_____ WPM	<input type="checkbox"/> SIGHT <input type="checkbox"/> TOUCH	

DRIVING INFORMATION

DO YOU HAVE A DRIVER'S LICENSE? YES NO

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? YES NO How Many? _____

Have you had any moving violations during the past three years? YES NO How Many? _____

EDUCATION AND TRAINING INFORMATION

EDUCATION	NAME OF SCHOOL	LOCATION (CITY, STATE)	FROM MO. / YR.	TO MO. / YR.	MAJOR AND DEGREES CONFERRED
HIGH SCHOOL					
COLLEGE(s)					
BUSINESS OR TRADE SCHOOL(s)					
PROFESSIONAL SCHOOL(s)					
OTHER SCHOOL(s)					

REFERENCES

Please list two references other than relatives or previous employers:

NAME	ADDRESS & PHONE NUMBER
1.	
2.	

CERTIFICATION AND SIGNATURE

FOR YOUR APPLICATION TO BE CONSIDERED, THE FOLLOWING STATEMENT MUST BE SIGNED:

I certify that all statements on this application and on my attachments are true and complete to the best of my knowledge and belief. I understand and agree that all information requested on this application is material to my prospective employment, and that, if hired, should Win-Dor, Inc. ("Win-Dor") later discover any omission, misrepresentation or misstatement on this application or attached resume (if any), I will be subject to discipline, up to and including immediate termination of employment. If hired, I agree to comply with the rules, policies and procedures of Win-Dor. If hired, **I understand that my employment is at-will** and that it may be terminated at any time *with or without cause or notice*, at the option of either my employer or myself. I understand that no employee or representative of Win-Dor, other than the President of Win-Dor, has any authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, neither I nor Win-Dor may alter the at-will nature of the employment relationship or enter into any employment agreement for a specified term unless both the President and I sign a written agreement that clearly and expressly specifies the intent to do so.

I further understand that Win-Dor is committed to alternative dispute resolution as a method of avoiding costly litigation, and believes that it should demonstrate its commitment in the conduct of its own affairs. Accordingly, as a condition of accepting employment with Win-Dor, if such employment is offered, Win-Dor and I will agree to arbitrate disputes that might arise.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Win-Dor, and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Win-Dor the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon a satisfactory medical examination and drug test, and if I am hired, a condition of my employment will be that I abide by Win-Dor's Drug and Alcohol Policy.

APPLICANT SIGNATURE _____

DATE SIGNED _____

EMPLOYMENT AND EDUCATION VERIFICATION

I authorize Win-Dor and its representatives to verify all information provided by me on this application or in support of my efforts to obtain employment at Win-Dor, and to obtain any information relating to my employment with Win-Dor. I further authorize its representatives to release such information to Win-Dor. I agree to hold harmless, and to absolve Win-Dor from any and all liability, and hereby waive any claim I may have against Win-Dor for any loss, damage, or injury I may sustain as a result of Win-Dor's efforts to verify such information provided by me or any disclosure made in accordance of this authorization. I understand that if I have requested that my current employer not be contacted prior to accepting this offer of employment, that should I accept an offer, Win-Dor may contact my former employer.

NAME (*Print Legibly*)

SIGNATURE

DATE SIGNED

EMPLOYMENT ELIGIBILITY VERIFICATION: The Company will only hire individuals who are legally able to work in the United States. Proof of identity and authorization to work legally in the United States will be required of all job applicants.