



EMPLOYEE INFORMATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL _____

BIRTHDAY: _____

REAL ESTATE LICENSE (If Applies) _____

CONTRACTORS LICENSE (If Applies) _____

SOCIAL SECURITY # _____

DRIVERS LICENSE # _____

AUTOMOBILE INSURANCE CARRIER: _____

SPOUSE NAME: _____

CHILDREN/AGES: _____

EMERGENCY CONTACT: _____ PHONE# _____

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WSR Sales and Management

Employment Application An Equal Opportunity Employer

Please Print

Date	Last Name	First Name	Middle
Present Address			
No. & Street		City	State Zip
Permanent Address (if different from present address)			
No. & Street		City	State Zip
()	()	- -	
Business Phone	Home Phone	Social Security Number	

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for WSR before? Yes No

If yes, when? _____

Do you have any friends or relatives working for WSR? Yes No

If yes, state name(s) and relationship:

Name _____ Relationship _____

Name _____ Relationship _____

Why are you applying for work at WSR?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No
If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other Training	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____ Telephone No. () _____
Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip _____
Dates of Employment: _____ Weekly Pay: _____
From _____ To _____ Starting _____ Ending _____
Your Position and Duties _____
Reason for Leaving _____
May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. () _____
Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip _____
Dates of Employment: _____ Weekly Pay: _____
From _____ To _____ Starting _____ Ending _____
Your Position and Duties _____
Reason for Leaving _____
May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ Telephone No. () _____
Address & Street _____ City _____ State _____ Zip _____
Occupation _____ No. of Years Acquainted _____

