

# WINGS Program, Inc.

## EMPLOYMENT APPLICATION

*AN EQUAL OPPORTUNITY EMPLOYER*

### PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

First Middle Last

ADDRESS \_\_\_\_\_

Street City State Zip Code

PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ WORK # \_\_\_\_\_

Are you legally able to work in the U.S.A.?  YES  NO If hired, you will be required to show that you are authorized to work in the U.S. and to furnish proof of this within 3 days of hire on an I-9 form. Can you do this?  YES  NO

Salary Requirements \$ \_\_\_\_\_ Are you 18 years or older?  YES  NO

If the job needs one, I have a current valid driver's license?  YES  NO

Have you signed a non-compete agreement or employment contract which is still in effect at your current/prior employer(s)?  YES  NO. If yes, describe the terms or restrictions: \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

I desire to work:  FULL-TIME  PART-TIME  TEMPORARY

I PREFER to work what shift(s)?  DAY SHIFT  EVENING SHIFT  NIGHT SHIFT  ANY SHIFT

Are you employed now?  YES  NO If yes, may we inquire of your current employer?  YES  NO

### JOB REQUIREMENTS

Have you ever worked for our company before?  YES  NO If yes, when? \_\_\_\_\_

Have you ever worked for a company in our industry before?  YES  NO If yes, when? \_\_\_\_\_

What company? \_\_\_\_\_ What State? \_\_\_\_\_

Why do you want to work for our company? \_\_\_\_\_

What behaviors are needed to be successful in this job? (Please list 5 or more) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EDUCATION	NAME OF SCHOOL	LOCATION	# YEARS	GRAD?	DEGREE NAME
HIGH SCHOOL					
UNIVERSITIES/ COLLEGES					
TRADE, BUSINESS & OTHER SCHOOLS					

**EMPLOYMENT HISTORY**

List your last five (5) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

  

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
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SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

Comments, including explanation of gaps of employment, excluding gaps based on pregnancy, health-related reasons, or workers' compensation disability \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all the information submitted by me on this application is true, correct and complete. I understand that if any false information, omissions, or misrepresentations on this form or provided in any interview are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules, regulations and Supervisor's directions. I understand that this Application for Employment and other Company documents are **not** contracts of employment. I agree that if I am employed, my employment is at-will, and that my employment, compensation or benefits can be changed or terminated, with or without cause or reason, and with or without notice, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause or reason, and with or without notice, at any time by the company. I understand that no company representative, other than the President, and then only in writing and signed by both of us, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing. I further authorize the Company to investigate my references, personal history, work record, and other matters related to my suitability for employment, as well as credit or criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any and all claims, demands or liability arising out of or in any way related to such investigation or disclosure. I understand that if hired, I may be required to pass a criminal history records check. Also, if required, I agree to complete, fully participate in and pass a drug and/or alcohol test. Please note that this application is considered current for thirty (30) days. After 30 days, it is necessary to complete another application form in order to be considered for employment.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_