

WESCO INDUSTRIES

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition or handicap. We will not employ anyone that is related to our present staff or present Board of Directors to work in the same area. We will, however, hire related individuals at our different departments. *All applicants must be able to read, write, and speak English and provide proof of a high school diploma or GED.*

PERSONAL

Date: _____

Position(s) applied for _____

Where did you learn about this job? _____

Name: _____

Last

First

Middle

Address: _____

Address

City

State

Zip Code

Telephone number(s) where you can be reached: (____) _____

Social Security Number: ____-____-____ Age: 21 or older: ___yes ___no

Are you available to work: ___Part-time ___Regular Part-time ___Full-time

Have you ever been convicted of a crime other than a minor traffic violation?

___yes ___no

If yes, please explain:

Do you have a record of founded child or dependent adult abuse? ___yes ___no

EMPLOYMENT RECORD

Not answering all items in the following section may eliminate you from further consideration. Show what you have done for at least ten years, or from the time you left school. Be accurate and account for all of your time. Use the comments area at the end of this section on Employment Record to account for any gaps in your employment. LIST PRESENT OR MOST RECENT EMPLOYMENT FIRST. Please add supplemental sheets if necessary. **By signing this application, you give permission to WESCO to contact the following employers for employment verification.**

1. Employer name/address: _____

Telephone number: _____ Employment dates: _____ to _____

Job title: _____ Supervisor: _____

Work/Duties performed: _____

Reason for leaving: _____

2. Employer name/address: _____

Telephone number: _____ Employment dates: _____ to _____

Job title: _____ Supervisor: _____

Work/Duties performed: _____

Reason for leaving: _____

3. Employer name/address: _____

Telephone number: _____ Employment dates: _____ to _____

Job title: _____ Supervisor: _____

Work/Duties performed: _____

Reason for leaving: _____

4. Employer name/address: _____

Telephone number: _____ Employment dates: _____ to _____

Job title: _____ Supervisor: _____

Work/Duties performed: _____

Reason for leaving: _____

EDUCATIONAL BACKGROUND

Do you have a high school diploma or GED? _____yes _____no

Name and Address of High School: _____

Name and Address of School: _____
(higher education) _____

Area of Study: _____ Graduation: _____ Degree: _____

Name and Address of School: _____
(higher education) _____

Area of Study: _____ Graduation: _____ Degree: _____

Do you have a valid chauffeur's license? _____ yes _____no

Have you had any traffic violations or at-fault accidents in the past three years?
____yes ____no If yes, explain: _____

List any special training/skills applicable to the position for which you are applying:

REFERENCES

Please list three professional or other people OTHER than past employers, relatives, pastor, or religious leaders. **By signing this application, you give permission to WESCO to contact the following references.**

Name	Address	Telephone Number
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Name	Address	Telephone Number
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Name	Address	Telephone Number
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PLEASE READ CAREFULLY AND SIGN

I certify that the above statements are correct. Any omissions, wrong information, or incompleteness may eliminate me from being considered. If employed, I understand that any false information in the application will be sufficient grounds for termination of my employment without notice. I further agree that all rules, orders, and regulations of WESCO Industries affecting my employment shall constitute part of my appointment or employment including employment at will. I understand that, if my appointment involves driving, my driving record and the validity of my insurance will be checked at the state motor vehicle department. I understand that any record of child or dependent adult abuse and bureau of investigation's information will be used to screen this application. I acknowledge that if hired, a physical and drug and alcohol screening test will be required at WESCO's expense. If you terminate your employment within 6 months, you will be held responsible to reimburse WESCO for this expense. WESCO Industries reserves the right to withdraw any job offer. My signature below constitutes an agreement to these conditions and statements. This application will be kept on file for 180 days.

Signature: _____

Date: _____

**WESCO INDUSTRIES
415 South 11th Street
P.O. Box 340
Denison, Iowa 51442
(712) 263-6141**