

EMPLOYMENT APPLICATION

FOR WESTERN PRODUCTS & AFFILIATED COMPANIES



An Equal Opportunity Employer

Qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, sexual orientation, gender identity, disability or veteran status.

(PLEASE PRINT)

EMPLOYMENT DESIRED

Position Applied For _____ Date of Application _____

How did you learn about us? Advertisement Employment Agency Other _____ Referred by _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____

Home Phone # _____ Cell Phone # _____

When is the best time to contact you _____ am/pm

If you are under 18 years of age, can you provide proof of eligibility to work? Yes No

Can you provide proof, if hired, that you are legally eligible to work in the United States? Yes No

Have you ever been employed with us before? Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, who _____

May we do a credit reference check? Yes No

Can you provide proof of eligibility to drive a motor vehicle if a job requires it? Yes No

Can you travel if a job requires it? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

When would you be available to begin work? _____

EDUCATION

School	Name and Address of School	Course of Study	# of Years Attended	Diploma or Degree
High School				
College or University				
Business or Technical				
Other (Specify)				

EMPLOYMENT HISTORY

Present or Most Recent Employer

Employer _____ Phone # _____
Address _____ City _____ State _____ Zip Code _____
Dates of Employment _____ to _____ Supervisor _____ Title _____
Position Title _____ Duties/Skills _____
Starting Salary \$ _____ per _____ Present/Final Salary \$ _____ per _____
Bonus, Incentives, Benefits, etc. _____
Reason for Leaving _____

Previous Employer

Employer _____ Phone # _____
Address _____ City _____ State _____ Zip Code _____
Dates of Employment _____ to _____ Supervisor _____ Title _____
Position Title _____ Duties/Skills _____
Starting Salary \$ _____ per _____ Final Salary \$ _____ per _____
Bonus, Incentives, Benefits, etc. _____
Reason for Leaving _____

Previous Employer

Employer _____ Phone # _____
Address _____ City _____ State _____ Zip Code _____
Dates of Employment _____ to _____ Supervisor _____ Title _____
Position Title _____ Duties/Skills _____
Starting Salary \$ _____ per _____ Final Salary \$ _____ per _____
Bonus, Incentives, Benefits, etc. _____
Reason for Leaving _____

PERSONAL REFERENCES

List two personal references who are not relatives or former employers.

Name	Occupation	Address	Phone #	Years Known

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

OFFICE USE ONLY

Employed: No Yes, Job Title _____ Company _____
Date of Employment _____ Compensation \$ _____ per _____