



Application for Employment

Personal Information

Date _____

NAME (Last, First, MI)	Social Security Number
Address	City, State, Zip Code
Phone Number ()	Referred By

Employment Desired

Position	Date you can start?	Salary Desired
Are you employed now ?	If so, may we inquire of your present employer?	Are you legally authorized to work in the United States?
YES NO	YES NO	YES NO
Ever applied with Weck's before?	Location?	When?
YES NO		

Education History

	NAME & LOCATION OF SCHOOL	Years Attended	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

Employment History *(List below last four employers, starting with last one first)*

MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

Application for Employment

General Information

Special Training
Special Skills
Have you ever been in the Armed Forces? Yes NO
Are you a member of the National Guard Yes NO
Have you ever been arrested, indicted or summoned into court as defendant in a criminal proceeding or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)? Yes NO
If yes, explain. _____
By answering "yes" to the above question, does not necessarily exclude you from employment.

References (Give two names of persons not related to you, whom you have known at least one year)

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I Certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I also understand and agree that no representation of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature _____ **Date** _____