



WASCO Inc.

EMPLOYMENT APPLICATION

Date: _____ Social Security Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone with Area Code: _____ Cell: _____

Are you interested in:

	YES	NO
Full-time Permanent Work	[]	[]
Part-Time Work	[]	[]
Intermittent Work	[]	[]

Miscellaneous:

The following information will be used ONLY if it is directly related to the classification/position for which you are applying.

- | | YES | NO |
|---|-----|-----|
| 1. Do you have a valid driver's license? | [] | [] |
| 2. If necessary, can you supply your own transportation for work use? | [] | [] |
| 3. Can you perform the job-related requirements of the specific job for which you are applying? | [] | [] |

If you have answered "NO" to any questions above please explain full below, indicating by number to which question you are responding.

Education:

Total number of years of education, including primary school: _____

Highest academic degree or level attained: _____

Name and address of school, college, or university where degree attained. If no degree, last school attended:



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Experience:

In the areas below, please fill in or print legibly past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment. NOTE: A resume may not be used as a substitute for completing this page.

Employment History

Employer's Name and Address: _____

Dates of Employment: From _____ To _____

Position (Job title/Classification) _____

Name and Title of Supervisor _____

Duties performed _____

Ending Salary _____

Reason for Leaving _____

Employer's Name and Address: _____

Dates of Employment: From _____ To _____

Position (Job title/Classification) _____

Name and Title of Supervisor _____

Duties performed _____

Ending Salary _____

Reason for Leaving _____

Employer's Name and Address: _____

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Position (Job title/Classification) _____

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PERSONAL REFERENCES

List three references, excluding former employers and relatives, this agency has permission to contact. Phone numbers MUST be included

1. Name: _____ Occupation: _____
Address: _____ Phone Number: _____
2. Name: _____ Occupation: _____
Address: _____ Phone Number: _____
3. Name: _____ Occupation: _____
Address: _____ Phone Number: _____

APPLICANT'S AGREEMENT

I understand that any false information, omission, or misrepresentation of fact provided in this application may result in rejection of my application or termination at any time during my employment. I understand that, as a condition of initial or continued employment, I agree to submit to examinations, including medical, or substance testing as may be required by WASCO Inc.

I authorize WASCO Inc. and/or its agents including consumer reporting bureaus, to verify any of the information I have provided by researching appropriate information and record sources. I understand WASCO Inc. will contact the three personal references and three employment references listed in this application. I authorize all employers (unless noted in employment history), persons, schools, companies, law enforcement authorities and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information.

I confirm that I meet all the minimum qualifications as stated on the job posting(s) for the position(s) for which I am applying.

I understand and agree that as a condition of employment, I will meet and maintain all required standards of my position which involve certification, registration, licensure, and training.

I grant permission to have this application and enclosures duplicated and to be distributed to WASCO's employees responsible for initial screening, interviewing, and recommending applicants for employment and to employees responsible for personnel records and reports.

I understand that my completing this application, I am not assured of an interview or position.

Signature of Applicant _____ Date _____



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DRIVER'S ABSTRACT FORM

Release of Personal Information Notarized Written Consent Form

I, _____ authorize the State Bureau of Motor Vehicles in which my driver's license issued and all Clerk of Courts Title Offices to release my personal information: name, address, date of birth, driver's license information and records pertaining to my driver's license, vehicle registration, and Certificate of Title to WASCO, Inc. and their insuring agent.

I understand that this release constitutes consent for my records to be released annually to update my personnel information for as long as I am employed with the WASCO, Inc.

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____

Driver's License #: _____ Expiration: _____

Signature: _____ Date _____

The foregoing person came before me on the _____ day of _____, _____

Notary

Printed Name



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EMPLOYMENT REFERENCE FORM

NAME OF REFERENCE: _____

REFERENCE ADDRESS: _____

I, _____, hereby authorize the above named individual or agency to release the information requested below to serve as a reference for employment.

Applicant's Signature

Date

APPLICANT: Do **NOT** proceed below this line.

Fill in information above and return this page with your application.

Personnel Department

Date

PLEASE CHECK THE APPROPRIATE RATING:

Character: integrity, dependability, honesty

Adaptability: adjust well, flexibility

Mental alertness: grasps points, responsive

Teamwork: cooperative, sense of team

concept Attendance: regular in attendance

Punctuality: for work and return from breaks

Knowledge of subject matter

Organization of work: daily

planning Professional growth:

Excellent

Good

Fair

Poor

How long have you known the applicant? _____

What was your professional association with the applicant? _____

Applicant's Employment Dates: From _____ to _____

If you were in a position to employ this applicant, would you consider hiring him/her? _____

Name of Person Completing Form

Position

Date

Office Use Only:

Date Mailed: _____

Date Received: _____

Date Called: _____



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Date

PLEASE CHECK THE APPROPRIATE RATING:

	Excellent	Good	Fair	Poor
Character: integrity, dependability, honesty	_____	_____	_____	_____
Adaptability: adjust well, flexibility	_____	_____	_____	_____
Mental alertness: grasps points, responsive	_____	_____	_____	_____
Teamwork: cooperative, sense of team concept	_____	_____	_____	_____
Attendance: regular in attendance	_____	_____	_____	_____
Punctuality: for work and return from breaks	_____	_____	_____	_____
Knowledge of subject matter	_____	_____	_____	_____
Organization of work: daily planning	_____	_____	_____	_____
Professional growth: course work taken	_____	_____	_____	_____

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