

APPLICATION FOR EMPLOYMENT

E. F. Wall & Associates, Inc.

Post Office Box 259 - Barre, Vermont 05641

Phone (802)479-1013 Fax (802)479-1019

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

All field employees of E F Wall and Associates, Inc. must pass a pre-employment screening that includes a medical physical, drug and alcohol test and work ability assessment to ensure they can comply with the requirements they have been hired for.

Position(s) Applied For		Date of Application	
How did you learn about us? <input type="checkbox"/> Advertisement		<input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____
Last Name	First Name	Middle Name	
Address	City	State	ZIP
Telephone Number(s)		Social Security Number	

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

Have you applied with us before? Yes No If yes, give dates _____

Have you been employed with us before? Yes No If yes, give dates _____

Do any of your friends or relatives other than spouse, work here? Yes No
If yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your previous employer(s)? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date Available for Work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: Full Time Part Time Temporary/Seasonal

Are you currently on "lay off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Education

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate Col.				
Graduate/Professional				
Technical/Other				

Work Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	To	From	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
Address	To	From	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
Address	To	From	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
Address	To	From	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: Include explanation for any gaps in employment

Describe any specialized training, apprenticeship and skills.

Describe any job-related training that you may have received.

Specialized Skills/Equipment Operation

Personal/Professional References

Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the employer.

I understand if hired I will be required to successfully complete a pre-employment physical, drug and alcohol test and a physical work assessment test.

Signature of Applicant

Date