

APPLICATION FOR EMPLOYMENT

~~(Please Print)~~

WURM'S WOODWORKING CO.

A resume may not be used in place of this application. This application becomes void after 60 days unless renewed.

We Are an Equal Opportunity Employer

Applications are considered for all positions without regard to race, color, religion, sex, national origin, disability, age (40 + older), ancestry, military status, genetic information or any other characteristic protected by applicable law.

				Date	
Name-Last		First		Middle	
Home Address-Street	City	State	Zip Code	Telephone	
Position(s) Applying For 1. _____ 2. _____				Salary/Rate Expected	
Who referred you to us for employment?		Date Available:	Available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Shift-work <input type="checkbox"/> Temporary		
Have you filed an application here before?		<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, when?		
Have you been employed here before?		<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, give dates: from _____ to _____		
Are you presently legally authorized to work for this company in the United States on a full-time basis? <input type="checkbox"/> yes <input type="checkbox"/> no (If under 18, what is your age?)					
Have you ever been convicted of a felony (excluding a minor traffic violation involving a fine of less than \$250)? <input type="checkbox"/> yes <input type="checkbox"/> no					
If yes, when?		Where?	Reason:		

A conviction record will not necessarily be a bar to employment, and factors such as the timing of the offense, the seriousness and nature of the violation, and the nature of the job for which you are applying will be taken into account by the employer.

Education

	Name & Address of School	Years Completed	Degree	Course of Study	Grade Point Average
High School		9 10 11 12			
College/Trade School		1 2 3 4			
Graduate School		1 2 3 4			
Other		1 2 3 4			

References

List references who have known you at least one year and who are not relatives or former employers.

Name	Address	Telephone	Profession/Position	How long known?

Previous Employment

(Provide all previous employment with most recent first.) If you need additional space, provide the same information on the back of this page.

Dates <i>(From-Mo. Yr. To-Mo. Yr.)</i>	Employer <i>(Full Name & Address)</i>	Employer Phone	Pay Rate	Immediate Supervisor
Nature of Duties		Reason for Leaving		
Dates <i>(From-Mo. Yr. To-Mo. Yr.)</i>	Employer <i>(Full Name & Address)</i>	Employer Phone	Pay Rate	Immediate Supervisor
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Nature of Duties		Reason for Leaving		

Read Carefully Before Signing

I understand that this application does not constitute an employment contract or an offer for employment. I further understand that if I am offered a position of employment, my employment will be “at will,” and either I or the company may terminate the employment at any time for any reason with or without cause and with or without notice. I also understand that no individual representative of the company, other than the president in a writing specific to me and signed by the company president and me, may offer me an individual contract of employment. I understand that I must at all times abide by the company’s rules and regulations and I agree to do so if employed.

I authorize the investigation of all statements contained herein and authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I further release and agree to hold harmless the company and all parties providing information from all liability for any claim or damage that may result from furnishing such information to you.

I certify that the information I have given on this application is true and complete to the best of my knowledge and belief. I understand that any false information provided on this application, at the time of any interview(s), or on any company document may result in my immediate discharge.

In consideration of the employer’s review of my application, I agree that any claim or lawsuit arising out of my employment or my application for employment with the employer must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Applicant’s Signature

Date

Download completed form and email as attachment to: info@wurmsproducts.com

RESET



Provided as a courtesy of The Ohio Manufacturers' Association (OMA).
For information about this, and other OMA services, call 1-800-662-4463 or visit ohioomfg.com.