



APPLICATION FOR EMPLOYMENT

Wintek Corporation is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, handicap, citizenship status, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification.

PLEASE PRINT

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET
CITY STATE ZIP CODE

Telephone () _____ Social Security Number - -
Area Code

Position(s) Applied For _____

Are you available to work Full Time Part-Time Temporary

Will you work overtime if requested? Yes No

On what date would you be available for work? _____

Are you on a lay-off and subject to recall? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date and reason for leaving _____

Why did you apply at Wintek Corporation? _____

Are you a U.S. Citizen or an alien legally entitled to work in the position(s) for which you have applied? Yes No

Are you 18 years of age or older? Yes No

Have you been convicted of a felony or misdemeanor other than a minor traffic violation? (Conviction will not necessarily disqualify applicant from employment.) Yes No

If Yes, please explain _____

Do you have any physical, mental or medical condition that would impair your ability to perform the essential functions of the job for which you are applying? Yes No

If Yes, please describe the condition or impairment. (A yes response will not necessarily disqualify applicant from employment.) _____

EDUCATION

Type of School	Name of School	City and State	Years Completed	Graduate		Course Pursued Degrees Granted
				Yes	No	
Grade School				XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
Junior High School						XXXXXXXXXXXXXXXXXXXX
Senior High School						
College or University						
Business, Trade or Technical School or College						
Correspondence or Special School or College						

List other pertinent information concerning scholastic performance including extracurricular activities, honor societies, scholarships, awards, and other academic accomplishments. (Omit those that indicate race, color, national origin, religion, sex, age, or handicap.)

List job-related professional, trade, business, civic, or volunteer activities and offices held. (Omit union activities and union offices and activities and offices that indicate race, color, national origin, religion, sex, age, or handicap.)

Summarize special job-related skills and qualifications acquired from employment, volunteer work, or military service.

PERSONAL REFERENCES

List the name, address, and telephone number of three references who are not related to you and are not previous employers.

1.			
	Name	City and State	Telephone No.
2.			
	Name	City and State	Telephone No.
3.			
	Name	City and State	Telephone No.

EMPLOYMENT RECORD

List your prior employment experience starting with your present or most recent job. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.

Employer	Employment Dates	Kind of Work Performed
	From	
Address	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	Reason for Leaving
Immediate Supervisor		
Employer	Employment Dates	Kind of Work Performed
	From	
Address	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	Reason for Leaving
Immediate Supervisor		
Employer	Employment Dates	Kind of Work Performed
	From	
Address	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	Reason for Leaving
Immediate Supervisor		
Employer	Employment Dates	Kind of Work Performed
	From	
Address	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	Reason for Leaving
Immediate Supervisor		

If you need additional space, please continue on a separate sheet of paper.

May we contact the employers listed above? Yes No If No, indicate which one(s) you do NOT wish us to contact, and state the reason why you prefer that we do not contact the employer(s).

What do you like best about your current or most recent job?

What do you like least about your current or most recent job?

What motivates you to perform your very best possible?

Do you presently smoke? Yes No If no, have you previously smoked? Yes No
If yes, give the date you stopped smoking. _____

State any additional information you feel would be helpful in considering your application.

Applicant's Statement

(Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.)

- _____ I certify that answers given in this application are TRUE and COMPLETE. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge.
- _____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry.
- _____ I hereby release all parties, including but not limited to Wintek Corporation, personal references, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to Wintek Corporation concerning me or any action Wintek Corporation takes on the basis of such information.
- _____ I agree to submit to a medical examination, including drug and alcohol testing, if required, and understand that any offer of employment is contingent upon that examination.
- _____ I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary for the consideration of this application. I understand that this consent to release of medical records is revocable, in writing, by me at any time.
- _____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by Wintek Corporation would be contingent upon my ability to produce the required documentation within the time period required by law.
- _____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by me or by Wintek Corporation. I further understand that statements which may be contained in policies, practices, handbooks, or other Wintek Corporation material do not create any guarantee of employment and that Wintek Corporation has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Wintek Corporation, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing.

Date: _____

Signature of Applicant

FOR PERSONNEL DEPARTMENT USE ONLY

Interview: Yes No

Remarks _____

INTERVIEWER

DATE

Reference check: Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No

Job Title _____

Department _____

Salary or Hourly Rate _____

Starting Date _____

Approved: _____

NAME AND TITLE

DATE

