



Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of application Month/Day/Year
/ /

APPLICANT DATA

Recruiter:

How did you hear about WFA Staffing?
Monster Milw Jobs Zip R WFA Website Other
Facebook Google TV Ad Referral Billboard

Full name: _____ Social Security #: _____
(FIRST) (MIDDLE) (LAST)

Address: _____ City: _____ State: _____ Zip: _____

Phone : _____ cell? Phone : _____ cell? Email: _____

Referred by: _____ Date Available to Start: _____ Hourly Salary Requirement: _____
Name or company

In Case of Emergency, Contact: _____ Relationship: _____ Phone: _____

Do we have permission to contact you via: (check all that apply) Phone Text Email

Have you ever worked for WFA Staffing before? Yes No Do you have legal right to work and remain in the US? Yes No

How many miles are you willing to travel one way to work?

Education History

	Years Attended	Major	Graduated/Degree		
High School _____	_____	_____	Yes	No	GED ?
College/University _____	_____	_____	Yes	No	
Tech School/Training _____	_____	_____	Yes	No	
Certificate or License _____	Expiration Date _____				

For Recruiter/ Office Use Only

Shifts available: 1 2 3 8 hr 10 hr 12 hr

Transportation: Car Busline

PREVIOUS EMPLOYMENT (begin with current or most recent position):

Dates of Employment: From _____ To _____ Position(s) Held: _____

Company: _____ Address: _____

Phone: _____ Supervisor: _____ Email: _____

Responsibilities: _____

Title: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From _____ To _____ Position(s) Held: _____

Company: _____ Address: _____

Phone: _____ Supervisor: _____ Email: _____

Responsibilities: _____

Title: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From _____ To _____ Position(s) Held: _____

Company: _____ Address: _____

Phone: _____ Supervisor: _____ Email: _____

Responsibilities: _____

Title: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Skills and other experience

When completing this section do not disclose information regarding juvenile convictions or minor traffic violations. A conviction record does not automatically bar you from employment. Providing false information, misrepresenting criminal conviction history, or omitting information will lead to disqualification from further consideration of your application for employment, or termination of your employment.

If you answer yes to any of the following questions, please explain completely after each:

Have you ever been convicted of, pled guilty or no contest to, been imprisoned or on probation for any felony? Yes No

Have you ever been convicted of, pled guilty or no contest to, been imprisoned or on probation or parole for any misdemeanor? Yes No

Do you currently have any pending charges against you? Yes No _____

Are you currently on probation? Yes No

Do you have a valid Driver's license? Yes No State ID? Yes No

Driver's License/St ID Info State _____ Number _____ Exp _____

DISCLOSURE STATEMENT- Please read carefully before signing this form

- I understand that if I am accepted for employment and placed on an assignment by WFA, I will be an employee of WFA. I agree to notify WFA of my availability on the completion of each assignment; without such notification WFA may assume that I have found permanent employment and I am not available for work. I understand that I will not be paid until I present a time record approved by the client to WFA.
- I certify that all answers and statements I have made on this application (and any other accompanying or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
- I authorize WFA Staffing Group to investigate my responses on this application and contact any or all of my previous employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly release any person or organization that provides information pertaining to me or my employment.
- Regardless of whether or not I become employed, I recognize that this application is not and should not be considered a contract of employment. I understand that any employment is at-will, meaning that I or the employer is free to terminate the employment relationship at any time, and for any reason. I understand that no employee of the prospective employer has any authority to enter into any agreement for the employer without any specified period, or to assure any benefits or terms or conditions of employment, unless done by the owner of the perspective employer, in writing and signed by me and the owner.
- I understand that upon receiving a job offer, a pre-employment medical examination or drug screen may be required. I understand that I may be asked to undergo a drug test and certify that I am able to pass today _____(date). Compliance with this policy is a condition of employment.
- Should I test positive for any illegal drug usage, I understand that I will be held liable for the full cost of the drug test in the amount of \$35.00. In addition, if I do not stay at my place of employment for 30 days (unless position is terminated by the employer) I may be held liable for the full cost of the drug test whether positive or negative.
- I hereby understand the above terms and conditions and authorize WFA Staffing to conduct any such drug testing or physical exam. I also specifically authorize WFA Staffing Group to withhold the cost of the drug test or physical exam from my paycheck if I do not comply with the above agreement.
- I understand it is my responsibility to follow all safety direction and wear personal protective equipment (PPE) as required for job tasks. Employees may be required to provide their own proper PPE dependent upon assignment and employer.

PLEASE READ STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. Only applications that are signed will be considered valid. Your application will be given every consideration, but its receipt does not imply you will be employed.

I certify that all answers and statements I have made on this application (and any other accompanying or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I have also read and understand the above conditions, policies, and drug and safety rules.

Print Name: _____ Date _____

Sign Here: _____