

# WILLIAMSON GROUP

## Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone \_\_\_\_\_ SS # \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

What is your availability? Please indicate the earliest time you are available and the latest time you can work until.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Have you ever been convicted of a felony? (This will not necessarily affect your application.)  Yes  No

If yes, please describe conditions. \_\_\_\_\_

### Employment Desired

Position \_\_\_\_\_ Date Available \_\_\_\_\_ Desired Rate \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact our current employer?  Yes  No

Have you ever applied here?  Yes  No

Are you 18 years or older?  Yes  No

### Education

	School Name and Location	# Years Attended	Did you Graduate	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Training			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Employment History (Start with current or most recent employer)**

Employment Dates	Company Name and Address	Position	Rate	Reason for Leaving
From				
To				

Employment Dates	Company Name and Address	Position	Rate	Reason for Leaving
From				
To				

Employment Dates	Company Name and Address	Position	Rate	Reason for Leaving
From				
To				

**References**

List three personal references, not related to you, who have known you for more than one year.

Name	Address	Phone	Years Acquainted
1)			
2)			
3)			

**Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is “at will,” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_