

WRC, Inc.

P. O. Box 338 - Dothan, AL 36302
(334)792-0022

APPLICATION FOR EMPLOYMENT

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

WRC, INC. IS AN "AT WILL" EMPLOYER.

"Our mission is to provide services to assist individuals with a vocational disability in obtaining and maintaining employment and maximizing independent living."

PERSONAL INFORMATION

TODAY'S DATE	POSITION APPLYING FOR	REFERRED BY:	
LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	ARE YOU 18 YEARS OF AGE OR OLDER?	IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?	
HOME: MOBILE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO (PROOF OF IDENTITY AND ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT)	HAVE YOU EVER WORKED UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT WAS IT ?		

EDUCATION

A. CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 HIGH SCHOOL ATTENDED:

B. IF YOU DID NOT COMPLETE HIGH SCHOOL, DO YOU HAVE A GED? YES NO

C. CHECK NUMBER OF YEARS OF POST HIGH SCHOOL EDUCATION COMPLETED: 1 2 3 4 5 6 7

NAME AND LOCATION OF INSTITUTION	HRS.	DEGREE RECEIVED	MAJOR OR SPECIALTY	MINOR

D. IF YOU EXPECT TO COMPLETE AN EDUCATION PROGRAM IN THE NEAR FUTURE, PLEASE INDICATE WHAT TYPE OF DEGREE OR PROGRAM AND EXPECTED COMPLETION DATE:

U.S. MILITARY

HAVE YOU SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT BRANCH OF SERVICE?	ARE YOU CURRENTLY A MEMBER OF THE RESERVE OR NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT TYPE OF EDUCATION, TRAINING, AND/OR WORK EXPERIENCE DID YOU RECEIVE WHILE IN THE MILITARY?		

LICENSES AND SPECIAL SKILLS

DO YOU HAVE A CURRENT/VALID DRIVERS LICENSE? (ANSWER ONLY IF APPLYING FOR A POSITION REQUIRING DRIVING) YES NO

IF YES, STATE ISSUED: LICENSE NUMBER: EXPIRATION DATE:

PROFESSIONAL LICENSES OR CERTIFICATIONS	TYPE	STATE ISSUED	EXP. DATE	NUMBER

OF THE LICENSES LISTED ABOVE, HAVE ANY CURRENTLY ,OR PREVIOUSLY, BEEN UNDER ANY RESTRICTIONS? YES NO

IF YES, WHICH LICENSE: WHEN: REASON:

HAVE YOU COMPLETED ANY SPECIAL COURSES, SEMINARS AND/OR TRAINING THAT WOULD ENABLE YOU TO PERFORM THE POSITION FOR WHICH YOU ARE APPLYING?
 YES NO IF YES, PLEASE DESCRIBE:

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION REGARDING SPECIALIZED SKILLS YOU THINK WOULD HELP US EVALUATE YOUR APPLICATION (I.E. ANY EQUIPMENT OPERATED, INCLUDING OFFICE EQUIPMENT, COMPUTER PROGRAMS USED, ETC.).

EMPLOYMENT

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE:		POSITION APPLIED FOR:
HAVE YOU EVER BEEN EMPLOYED WITH WRC, INC. BEFORE: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE:		POSITION HELD:
ARE YOU A RELATIVE OF ANYONE EMPLOYED AT WRC, INC. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NAME:		RELATIONSHIP: DEPARTMENT:
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?		ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> HOLIDAYS		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
IF YOU CANNOT WORK FULL TIME, PLEASE EXPLAIN:		

EMPLOYMENT EXPERIENCE

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST POSITIONS HELD.
(A resume may be submitted, but not in place of this application. All questions must be completed in full.)

DATES OF EMPLOYMENT			EMPLOYER'S NAME	STARTING SALARY:	ENDING SALARY:
FROM	MONTH	YEAR	EMPLOYER'S ADDRESS/ZIP CODE/PHONE NUMBER	JOB TITLE:	
			SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING:	
TO			JOB DUTIES	YOUR NAME IF DIFFERENT FROM PRESENT:	

DATES OF EMPLOYMENT			EMPLOYER'S NAME	STARTING SALARY:	ENDING SALARY:
FROM	MONTH	YEAR	EMPLOYER'S ADDRESS/ZIP CODE/PHONE NUMBER	JOB TITLE:	
			SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING:	
TO			JOB DUTIES	YOUR NAME IF DIFFERENT FROM PRESENT:	

DATES OF EMPLOYMENT			EMPLOYER'S NAME	STARTING SALARY:	ENDING SALARY:
FROM	MONTH	YEAR	EMPLOYER'S ADDRESS/ZIP CODE/PHONE NUMBER	JOB TITLE:	
			SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING:	
TO			JOB DUTIES	YOUR NAME IF DIFFERENT FROM PRESENT:	

DATES OF EMPLOYMENT			EMPLOYER'S NAME	STARTING SALARY:	ENDING SALARY:
FROM	MONTH	YEAR	EMPLOYER'S ADDRESS/ZIP CODE/PHONE NUMBER	JOB TITLE:	
			SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING:	
TO			JOB DUTIES	YOUR NAME IF DIFFERENT FROM PRESENT:	

LIST ANY ADDITIONAL WORK EXPERIENCE ON THE BACK OF THIS SHEET

LIST DATES AND REASONS FOR EMPLOYMENT INACTIVITY:		

MAY WE REQUEST A JOB REFERENCE FROM YOUR EMPLOYERS?	PAST: <input type="checkbox"/> YES <input type="checkbox"/> NO	PRESENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER BEEN DISCHARGED FROM A JOB OR ASKED TO RESIGN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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PERSONAL REFERENCES

GIVE 3 INDIVIDUALS (NOT RELATIVES OR EMPLOYERS)

NAME:	RELATIONSHIP:	PHONE NUMBER: ()
NAME:	RELATIONSHIP:	PHONE NUMBER: ()
NAME:	RELATIONSHIP:	PHONE NUMBER: ()

MISCELLANEOUS

Conviction of a crime does not automatically bar you from employment. A criminal background check is part of the employment process .
EACH QUESTION MUST BE ANSWERED.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME(S) OR OFFENSE(S) OTHER THAN MINOR TRAFFIC VIOLATION(S)? YES NO

IF YES, TYPE OFFENSE(S): (1) _____ (2) _____ (3) _____

DATE AND LOCATION OF CONVICTION(S): (1) _____ (2) _____
(3) _____

ARE YOU ON PROBATION AS A RESULT OF ANY CRIMINAL MATTER: YES NO

ARE THERE ANY ARRESTS OR CRIMINAL PROCEEDINGS CURRENTLY PENDING AGAINST YOU? YES NO

IF YES, PLEASE EXPLAIN: _____

This application for employment shall be considered active for a period of time not to exceed 45 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 that time.

I understand that this application is not an offer of employment and that by accepting my application, WRC, Inc. does not guarantee that I will be offered a job. I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

INITIAL

In consideration of employment with WRC, if employed, I agree to conform to the rules and regulations as stated in the provided employee handbook. If hired, I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with WRC 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 WRC, Inc.

INITIAL

I acknowledge that WRC, Inc. maintains a drug-free workplace; therefore, I understand and agree that I may be required to successfully complete a pre-employment drug test. Upon employment, I further acknowledge that WRC, Inc, maintains a policy of random drug testing administered by an independent contractor. I understand that if my employee number is drawn and/or if cause exists to believe I am under the influence of alcohol, drugs, or other substances, I will be required to submit to a blood/urine test; and the refusal or failure to do so may result in discharge.

INITIAL

I understand and acknowledge that it is the policy of WRC, Inc. to provide equal opportunity to all individuals. In this regard, all personnel and administrative practices are administered without regard to race, religion, age, citizenship, sex, national origin, or physical or mental disability. This policy extends to employees and applicants for employment. I also understand that it is the policy of WRC, Inc. to recognize the right of every employee to work in an environment free from any form of harassment and/or discrimination based on race, sex, religion, color, national origin, age or disability. Suspected or possible violations of these policies may be reported to Administration, Human Resources,

SIGNATURE OF APPLICANT

DATE