



WC WORKSHOP, INC.

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	Zip	
Phone		E-mail Address		
Date Available		Social Security	Desired Wage	\$
Position Applied for				
Other Positions of Interest				
What days and hours are you available for work?				
When are you available to begin work?				

CURRENT/PREVIOUS EMPLOYERS

Company		Phone ()		
Address		Supervisor		
Job Title		Starting Wage	\$	Ending Wage \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your current supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not applicable <input type="checkbox"/>

Company		Phone ()		
Address		Supervisor		
Job Title		Starting Wage	\$	Ending Wage \$
Responsibilities				
From	To	Reason for Leaving		

Company		Phone ()		
Address		Supervisor		
Job Title		Starting Wage	\$	Ending Wage \$
Responsibilities				
From	To	Reason for Leaving		

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Are you able to operate a computer? YES NO List types of software:

REFERENCES (Please list three professional references)

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

OTHER

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you over 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If under 18, can you provide a work permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

DISCLAIMER and SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date