

# EMPLOYMENT APPLICATION

Date of Application: \_\_\_\_\_

## AN EQUAL OPPORTUNITY EMPLOYER

WLC Architects believes that all persons are entitled to equal employment opportunity and does not discriminate against its qualified employees or applicants because of race, color, religion, sex, pregnancy, national origin, ancestry, citizenship, age, marital status, physical disability, mental disability, or medical condition. Equal employment opportunity will be extended to all persons in all aspects of the employer-employee relationship, including recruitment, hiring, upgrading, training, promotion, transfer, discipline, layoff, recall and termination. Due to the nature of our work, fingerprinting is required.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## GENERAL INFORMATION

Position applied for: \_\_\_\_\_

Available to work: Full-Time  Part Time  Temporary

Date available to start work: \_\_\_\_\_

If you are under age 18, can you provide a work permit if offered a job? Yes  No

If you are not a U.S. citizen, do you have the right to work in the U.S.? Yes  No

Have you been convicted of a felony within the last seven years? Yes  No

(NOTE: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

If yes, please explain: \_\_\_\_\_

Have you ever applied for a position with or worked for this Company before? Yes  No

If yes, specify dates: From: \_\_\_\_\_ To: \_\_\_\_\_

## EDUCATION

	Name of School and Address	Major	No. of Years Completed	Did you Graduate?
High				
College				
Other				

## EMPLOYMENT HISTORY

Please list your present and past work experience for the last 10 years, beginning with your current job. You may include volunteer activities.

Name of Employer	From		To	
	Month	Year	Month	Year
Address: <small>(Street, City &amp; State)</small>	Telephone:		Pay	
Position:	Supervisor:		Starting: _____	
			Final: _____	
Description of Duties:				
Reason for Leaving:				

Name of Employer	From		To	
	Month	Year	Month	Year
Address: <small>(Street, City &amp; State)</small>	Telephone:		Pay	
Position:	Supervisor:		Starting: _____	
			Final: _____	
Description of Duties:				
Reason for Leaving:				

Name of Employer	From		To	
	Month	Year	Month	Year
Address: <small>(Street, City &amp; State)</small>	Telephone:		Pay	
Position:	Supervisor:		Starting: _____	
			Final: _____	
Description of Duties:				
Reason for Leaving:				

If you need additional space, please continue your response on a separate page.

Please identify and explain all periods of unemployment in excess of one month during the past 10 years:

PERIOD OF UNEMPLOYMENT:

From	To	Reason for Unemployment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To assist us to check records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on this application Yes  No

If yes, please specify the name you were employed or enrolled under:

\_\_\_\_\_

If you are employed now, may we contact your current employer? Yes  No

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations? Yes  No

If necessary, please indicate what type(s) of reasonable accommodations are needed:

\_\_\_\_\_  
\_\_\_\_\_

Are you a veteran of the United States military service? Yes  No

If yes, please state branch of services: \_\_\_\_\_

Please list any job-related professional, trade, business or civic activities, organizations and associations. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability):

\_\_\_\_\_  
\_\_\_\_\_

Please provide the names, addresses, and telephone numbers of at least two references who are not related to you:

\_\_\_\_\_  
\_\_\_\_\_

**Person to be contacted in the event of an accident or emergency:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**I hereby certify** that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *“at will”* nature, which means that the Employee may resign at any time and the Employer may discharge 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 this organization.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**