

Applicant Information													
Last Name			First			M.I.		Date					
Street Address					Apartment/Unit #								
City			State			ZIP							
Phone			E-mail Address										
Date Available			Social Security No.			Desired Salary							
Position Applied for													
If required will you work?													
Rotating Shifts			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Saturdays			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Overtime			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Sundays			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If required will you travel for work?			YES <input type="checkbox"/>		NO <input type="checkbox"/>								
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"/>	
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						

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														



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

Previous Employment							
Company					Phone		
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company					Phone		
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company					Phone		
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	



Applicant Drug and Alcohol Testing Consent

As a prerequisite to employment, I hereby agree to allow Wear Services, Inc. or its designated agent to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to release my test results to authorized Wear Services, Inc. management for appropriate review, and authorize Wear Services, Inc. to use the test results as a defense to any legal action to which I am a party.

I understand the results of the drug testing of my urine, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration.

Further, I understand that, if employed by Wear Services, I must abide by the terms of Wear Services drug-free work place policy and can be required to submit to periodic testing for the presence of illegal drugs and/or alcohol. I understand that submission to such testing is a condition of employment with Wear Services, and disciplinary action, up to and including discharge, may result if (1) I refuse to consent to testing; (2) I refuse to execute all forms of consent and releases of liability as are usually and reasonably required of such examination; (3) I refuse to authorize release of the test results to Wear Services (if the results establish a violation of Wear Services drug-free workplace policy); or (4) I otherwise violate the policy.

I consent to the administration of the drug and alcohol test and to the terms of the consent agreement.

I refuse the drug and alcohol detection urine test.

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	
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