

# Application for Employment

## Woodex Bearing Co., Inc.

An Equal Opportunity Employer

*Employment decisions are made without regard to race, color, religion, sex, age, sexual orientation, ancestry, national origin, physical or mental disability, veteran status, or any other characteristic protected by law.*

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Are you at least eighteen years old?  Yes  No

For which position are you applying? \_\_\_\_\_

Do you have the full physical, mental and medical ability to do the job for which you have applied, with or without reasonable accommodation?  Yes  No

Are you eligible to be lawfully employed in the United States?  Yes  No (Proof of citizenship or immigration status will be required upon employment.)

What experience do you have that qualifies you for the job for which you have applied?

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### GENERAL BACKGROUND INFORMATION

Do you have a valid motor vehicle license?  Yes  No

Has your right to operate a motor vehicle in any state ever been suspended or revoked?  Yes  No

If "Yes", please explain below, including approximate date(s).

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Have you ever been convicted of or pleaded no contest to a crime which has not been annulled by a court? (Answering "Yes" to this question will not necessarily disqualify an applicant from employment.)

Yes  No If "Yes", please list approximate date, nature of offense, location, status, and penalty.

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Is there a criminal action currently pending against you? (Answering "Yes" to this question will not necessarily disqualify an applicant from employment.)  Yes  No

If "Yes", please list approximate date, nature of offense, location and status.

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### EDUCATIONAL BACKGROUND

High School \_\_\_\_\_

NAME

LOCATION

DIPLOMA OR GED

College \_\_\_\_\_

NAME OF COLLEGE/UNIVERSITY

LOCATION

NUMBER OF CREDITS / DEGREE AWARDED

Post Graduate \_\_\_\_\_

NAME OF COLLEGE/UNIVERSITY

LOCATION

NUMBER OF CREDITS / DEGREE AWARDED

Other specialized training, education or experience relevant to position(s) applied for:

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### EMPLOYMENT HISTORY

*Beginning with your current or most recent position, and going back at least ten years, list all employment held. Please complete requested employment information in its entirety. You may submit a resume to accompany this application. However, please do not write "see resume" in lieu of providing requested information. Include any work performed on a volunteer basis, time spent in military service, or full time education. Additional sheets of paper may be used as necessary.*

Employer's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Dates of Employment (Mo/Yr) From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Pay Rate: \_\_\_\_\_

Other Compensation Provided: \_\_\_\_\_

Brief description of your duties and responsibilities: \_\_\_\_\_

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Name & Job Title of Immediate Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  Voluntary  Involuntary

**Employer's Name:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Dates of Employment (Mo/Yr) From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Pay Rate: \_\_\_\_\_

Other Compensation Provided: \_\_\_\_\_

Brief description of your duties and responsibilities: \_\_\_\_\_

Name & Job Title of Immediate Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  Voluntary  Involuntary

**Employer's Name:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Dates of Employment (Mo/Yr) From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Pay Rate: \_\_\_\_\_

Other Compensation Provided: \_\_\_\_\_

Brief description of your duties and responsibilities: \_\_\_\_\_

Name & Job Title of Immediate Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  Voluntary  Involuntary

**Employer's Name:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Dates of Employment (Mo/Yr) From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Pay Rate: \_\_\_\_\_

Other Compensation Provided: \_\_\_\_\_

Brief description of your duties and responsibilities: \_\_\_\_\_

Name & Job Title of Immediate Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  Voluntary  Involuntary

## Certification

As an applicant for employment with Woodex Bearing Co., Inc. (Woodex), I certify that the information contained in this application is correct and that I have not omitted any information. I understand that falsification or omission of information may result in the rejection of my application, or if employment commences, immediate dismissal.

I authorize Woodex to contact former employers and educational organizations regarding my employment and education. I authorize all schools, references, employers and any other person to provide my complete record, reason for leaving, and all other information they may have concerning me including my personal character, habits, and employment records. I hereby release all such persons from any and all liability or claims for damage whatsoever that may result from responding to any inquiry or furnishing any information.

I understand that nothing contained in this application or in the granting of an interview creates a contract between Woodex and me for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Woodex unless made in writing by the President, Woodex Bearing Co., Inc. If an employment relationship is established, I acknowledge that no consideration has been furnished to Woodex for my employment other than my services.

I agree and acknowledge that my employment can be terminated, with or without cause or notice, at any time by Woodex or myself. I further agree and acknowledge that no representative other than the President, Woodex Bearing Co., Inc. has the authority to make any oral or written agreements for employment for a specified time or for specific conditions of my employment. I further agree and acknowledge that any agreement for employment for a specified period of time or specific conditions of my employment must be in writing and signed by the President, Woodex Bearing Co., Inc. and me.

I understand that if I am selected for employment I will be required to verify, within three days of my date of hire, my identity and eligibility to work as required under the Immigration Reform and Control Act of 1986. I understand that this requirement applies to all new employees including U.S. citizens, permanent residents and non-immigrants.

My signature attests that I have carefully read and understand the information contained in this certification. I further declare and certify that the entries set forth on this application and on other documents provided by me to Woodex are true and accurate.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_