Application for Employment (Please Print)

WEST Side Kids is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age. sex, color, race, creed, national origin, religious persuasion, marital status. political belief, or disability that does not prohibit performance of essential job functions.

Date:_____

I. Personal Information

Name: Last _____First_____Middle_____

Address _____City _____State_____Zip_____

Contact Phone Number _____Social Security _____

Date of Birth _____ Required by License code 109.2 Email_____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and Identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in Immediate employment termination.

Position Applied For: _____

Full or part time _____ Hours available _____

Date available to begin work _____ Salary required _____

Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

_____

How did you hear about this position _____

Have you ever been arrested? ____ Yes ____ No If yes, please explain:

_____

_____

I am capable of lifting 20 – 50 pounds _____ (Initial)
This position requires additional training to be done on my own time _____ (Initial)
I am required to have reliable transportation to and from work _____ (Initial)
I am not under the influence of drugs or alcohol. _____(Initial)
I am required to have a current physical (1year or less) before starting employment ____

II. Education

	School Name/Location	Years Completed	Degree/Diploma
High School			
College			
Tech. Training			
Other			

III. Employment Record

Please include all employment for the last five years.

1. Company Name (current or most recent) _____

Address _____From _____To _____

Telephone _____ Wage/Salary _____ May we contact? Yes ☐ No ☐

Manager/ Supervisor _____ Reason for leaving _____

_____

2. Company Name _____

Address _____From _____To _____

Telephone _____ Wage/Salary _____ May we contact? Yes ☐ No ☐

Manager/ Supervisor _____ Reason for leaving _____

_____

3. Company Name _____

Address _____From _____To _____

Telephone _____ Wage/Salary _____ May we contact? Yes ☐ No ☐

Manager/ Supervisor _____ Reason for leaving _____

_____

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that employment at this company is “at will” which means that either I or this company can terminate the employment relationship at anytime, with or without prior notice, and for any reason not prohibited by statute.
-Before beginning work at WSK you must have/ or had a physical in the last 6 months & will need to have a physical for filled out by your Doctor (we provide the form)

Signature _____ Date _____