EMPLOYMENT APPLICATION

PRAIRIE ROLLERS

UCTIONS -

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1. Please read "APPLICANT NOTE."
- Complete all sides of this form, even if you also submit a resume.
- 3. If more space is needed to complete any question, use the additional information section on the back.
- 4. Print clearly; incomplete or illegible applications will not be processed.
- 5. Complete this form in your own handwriting.

1700 E. Essex Rd; Hutchinson, KS 67501 phone:620-500-5940

roday's date:	MONTH DAY YEA	SS #:		1w
NAME:	LAST	FIRST		M.L.,
HOME PHONE:		work phone;		
CURRENT ADDRI	ESS:	STREET	· · · · · · · · · · · · · · · · · · ·	·
	CITY		STATE	ZIP

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without unlawful discrimination based on sex, age, race, color, religion, national origin, ancestry, marital status or disability. Conviction of a crime will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review, including a drug test. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

GENERAL INFORMATION			
For which position are you applying?_		What dat	te can you start?
Salary or wage desired: Are you legally eligible for employmen	Are you currently emplo	yed: 🔲 No 🔲 Yes. May we	inquire of your present employer? 🔲 No 🛄 Yes y-off" status and subject to recall? 📋 Yes 🔲 No
How Did You Learn About Us?	Advertisement	_ D Employment Agency _	☐ Walk-In ☐ Online/Internet
□ F	riend/Relative	Other _	
	this company? \(\) No \(\) Yes. n those on this page? \(\) Yes \(\) red? \(\) Yes \(\) No	What relationship?	No
SEGURITY			•
Yes No If the job requires, do	you have the appropriate valid d	lrivers license?	
DL#		Туре	State of issue:
*If criminal charges are pending as of the final disposition of those charges.	e date you complete this application convicted of any crimes – this is	i, and the company tures you, you includes pleading onlity or no	agree to notify Human Resources within 30 days of the contest or being placed on diversion? If so, pleased for job relatedness and time since last conviction.)
1.	i		

EDUCATION

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY / STATI		DATES	GRADUATE?
SCHOOL			$\geq \leq$	
3E				
OB-RELATED SKILLS				
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ion;		Nun	nber of Years	Served:
al Training:				
al Skills:			***************************************	
e list other licenses or certificates that	may be job-related or that you feel would	be of value to this job or	company:	
		# - ***********************************		
EMPLOYMENT HISTORY				
r application will not be considered unl	ess every question in this section is answe	ed. Please list all previous	emplovers. V	le will make every eff
act previous employers. Please mark the	correct box in "REASON FOR LEAVING	" and explain the reason or	the line where	e indicated.
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MPANY NAME	CITY	STATE)
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NAME	•	ar with your work ability, Do not include relatives. ADDRESS / PHONE	YRS. KNOWN
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ERTIFICATION AND RELE	ASE		
statements made by me are complete srepresentations of facts called for ployment. I authorize the company a nicle driving records. I authorize all ekground and hereby release any said er for issuing this information. I also	and true to the best of my knowledge in this application may result in a and/or its agents, to verify any of the persons, schools, companies and law persons, schools, companies and law understand that the use of illegal dru	- - · ·	ation, omissions of time during not history and mot ion concerning not damage whats
employed by Wend-Wood, Inc. in ar	y position.	ry training does not ensure that this job will be ave and not for any definite term. I understand the npany."	
understand that as a condition of er	· · · · · · · · · · · · · · · · · · ·	on an Employment Agreement outlining the ter	
ALSO UNDERSTAND AND AGREE GREEMENT FOR EMPLOYMENT	THAT NO REPRESENTATIVE OF FOR ANY SPECIFIED PERIOD OF	TTHE COMPANY HAS ANY AUTHORITY TO DEFINE, OR TO MAKE ANY AGREEMENT CONTROLLED COMPANY REPRESENTATIVE.	ENTER INTO AI ONTRARY TO T
	PRE-EMPLOYMENT SUBSTA	ANCE ABUSE SCREEN	
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, and/or participate in, such testing w	ill disqualify me from further hiring paid for by Wend-Wood, Inc., and, t	t to a substance abuse screen. I also understand the considerations. The results become and remain the sole property of	
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