



EMPLOYMENT APPLICATION

www.wilsonequipment.com

Wilson Equipment Company is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

APPLICANT INFORMATION

Last Name				First			M.I.	Date	
Street Address							Apartment/Unit #		
City				State			ZIP		
Phone				E-mail Address					
Position Applying For						Date Available:	Desired Salary:		
Type of Employment	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal								
Referral Source	<input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Other								
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you applied in the past?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>									

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		

Skills & Qualifications (Provide Details):

Accomplishments or Awards:

Professional, Trade, Business, Civic Activities (Exclude all that would disclose your race, sex, religion, national origin or protected status)

Organization:	Office Held:
Organization:	Office Held:
Organization:	Office Held:

PREVIOUS EMPLOYMENT (Start with your most recent employer and include paid positions only, please.)

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
What did you like least about this job?			
What did you like most about this job?			
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	
What did you like least about this job?			
What did you like most about this job?			
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	
What did you like least about this job?			
What did you like most about this job?			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES

Please list three professional references (no former employers or relatives, please)

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			

MISCELLANEOUS

Do you have any objection to working overtime if necessary? YES NO

Can you submit proof of legal employment authorization and identity? YES NO

Can you travel if required by this position? YES NO

Please answer the questions below. If checked, the information is a bonafide occupational requirement, a safety or security requirement, or otherwise legally permissible. If the box is not checked, you need not answer.

BONDING

Have you ever been bonded? No Yes When? For what position?

DRIVER'S LICENSE

Do you currently hold a valid driver's license: Yes No State:

Expiration Date: ____ / ____ / _____ Restrictions:

MILITARY SERVICE

Branch served: Active duty from: to:

Discharge Date: Discharge Rank/Grade:

Nature of Military Duties:

DISCLAIMER AND SIGNATURE

I hereby authorize Wilson Equipment Company, LLC ("Wilson") or its agents, to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release Wilson and its representatives, agents, officers or employees from liability for seeking, gathering, and using such information to make employment decisions, and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of Wilson not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA), except in such instances where the job requires specific physical requirements as outlined in the Job Description.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days business days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant (Print Name)

Signature

Date:

APPLICANT NOTICE: DISPUTE RESOLUTION PROGRAM

By my submission of this application to you for employment, I understand that any legal dispute related to this application for employment or any legal dispute during any subsequent employment with Wilson Equipment Company, LLC (the "Company") will be conducted under its Dispute Resolution Program.

The Dispute Resolution Program is a multi-step process, which requires that I provide notice to the Company of any issue regarding this application for employment or any subsequent employment. I understand that the last and final step under the Dispute Resolution Program is a requirement of mandatory and binding arbitration, which will be conducted under the American Arbitration Association's "Employment Arbitration Rules and Mediation Procedures."

The types of claims covered under the program are all legal claims, including: claims for wages or other compensation; claims for breach of any contract, covenant or warranty (expressed or implied); tort claims (including, but not limited to, claims for physical, mental or psychological injury, without regard to whether such injury was sustained in the course and scope of employment); claims for wrongful termination; sexual harassment; discrimination (including, but not limited to, claims based on race, sex, religion, national origin, age, sexual orientation, medical condition or disability whether under federal, state or local law); claims for benefits or claims for damages under any employee benefit program sponsored by the Company (after exhausting administrative remedies under the terms of such plans); "whistleblower" claims under any federal, state or other governmental law, statute, regulation or ordinance; claims for retaliation under any law, statute, regulation or ordinance, including retaliation under any workers compensation law or regulation; and claims for a violation of any other non-criminal federal, state or other governmental law, statute, regulation or ordinance.

I agree, in consideration of the Company's consideration of my application of employment or any subsequent employment of me by the Company, that I will follow the Company's Dispute Resolution process, which includes mandatory binding arbitration.

Applicant (Print Name)

Signature

Date:

FOR OFFICE USE ONLY

Position(s) applied for

Available

Not Available

Considered for other positions:

Hired:

YES

NO

Position:

Completed by:

Date:

COMPLETED APPLICATION CHECK

Work Application

Educational Reference check

Personal Reference check

Interviewer's Guide

Telephone Reference check

Former Employer Reference check

Pre-employment Tests

Other _____