## The Wallwork Group \*An Equal Opportunity Employer\*

## **EMPLOYMENT APPLICATION**

(Please Print or Type. Complete all Sections)

PERSONAL						
Name						
Address		Initial		Last		
	Street		City  Cell Phone(	State )	Z	ip
_	Area Code		t Resident ☐ Alien ☐	a Code		
Email Address	(Proof of Citizenship		us will be Required Prior to Employment)			
Are you at leas	st 18 years old? □	Yes □ No s you will not	If not, state your age for clauding work? If yes	nild labor pur please expl	poses	s only:
Have you take		in the last 30	days?			
EMPLOYMEN	T INFORMATION					
Position Desir				ments		
Level	Institution	Years Completed	Major or Specialization	Grad	uated	Degree
				Yes	No	~~~~~
High School						<b>*************************************</b>
College/ University						
Advanced Degree						
Commercial or Technical						
DDIVING DEC	CORD (Anguer only	if driving in	a requirement of the job for	s which you c	ro on	nlying)
Do you have a Have you had Has your licen	a valid driver's licens any tickets? ☐ Yes	se?  Yes s No If y ended or revo	□ No State License yes, please explain:oked? □ Yes □ No If yes	No.:es, please ex	xplain:	

MILITARY SERVICE						
Veteran of U.S. Military Service? ☐ Yes ☐ No If Yes, Branch						
EMPLOYMENT EXP	ERIENCE (List Chronologic	cally, Beginning w	ith Prese	nt Emplo	oyment)	
Current Employer	Address – City & State	Phone Number	From Mo/Yr	To Mo/Yr	Current Salary	
		( )				
Job Title:		Supervisor:				
Work Performed:						
Reason For Leaving:						
Previous Employer	Address – City & State	Phone Number	From Mo/Yr	To Mo/Yr	Last Pay	
		( )				
Job Title:		Supervisor:				
Work Performed:						
Reason For Leaving:						
Previous Employer	Address – City & State	Phone Number	From Mo/Yr	To Mo/Yr	Last Pay	
		( )				
Job Title:		Supervisor:				
Work Performed:						
Reason For Leaving:						
Previous Employer	Address – City & State	Phone Number	From Mo/Yr	To Mo/Yr	Last Pay	
		( )				
Job Title:		Supervisor:				
Work Performed:						
Reason For Leaving:						
Previous Employer	Address – City & State	Phone Number	From Mo/Yr	To Mo/Yr	Last Pay	
		( )				
Job Title:	Supervisor:					
Work Performed:						
Reason For Leaving:						

SPECIAL SKILLS & QUALIFICATIONS
List any special skills and qualifications you have acquired from employment or other experience
List Microsoft software proficiency (ex: Word, Excel)
List any warehouse skills (ex: forklift operator, Basiloid operator)
MISCELLANEOUS
Have you ever filed an application here before? ☐ Yes ☐ No If Yes, date
Have you ever worked here before? □ Yes □No If yes, when
Department/BranchPosition
Reason for Leaving
Have you ever worked for us under another name? ☐ Yes ☐ No Name
Are any of your relatives (including in-laws) presently employed with us?
☐ Yes ☐ No NameRelationship
Work Location
Is there anything that would prevent you from employment consideration with us?   Yes  No If yes, details
ii yes, detaiis
Have you ever been discharged or asked to resign from a position? ☐ Yes ☐ No
If yes, details
Why do you desire to make a job change?
Are you able to perform the essential job functions of the position you are applying for?   Yes  No
Do you require any special accommodation? ☐ Yes ☐ No If yes, explain

## **APPLICANT STATEMENT**

I certify that the information I have provided herein is true and complete. I realize that misrepresentation or omissions will disqualify me from employment consideration or may be cause for my discharge. I affirm I have a genuine intent in employment with The Wallwork Group ("Wallwork") and have no other reason for applying for a job with Wallwork. I further understand that any derogatory information discovered may prevent me from being hired or, if hired, may subject me to immediate discharge.

I authorize Wallwork or its agent to investigate all statements contained in this application and/or the resume I have submitted, including information pertaining to my personal history, education, criminal and financial/credit record. I also authorize all of my current and previous employers, references, credit reporting agencies/bureaus, educational institutions, and any other person(s), institutions, or agencies contacted by Wallwork to provide all records and information as requested by Wallwork either prior to, during or after my employment, and I release all parties, including Wallwork, from any and all liabilities arising from such disclosures.

I agree not to publish or disclose to anyone outside Wallwork, or use in anything other than Wallwork's business, any trade secret or confidential, technical, or business information or material from Wallwork, either prior to, during or after employment with the Wallwork, except with Wallwork's written permission.

In consideration of my employment, I agree to conform to and abide by the rules, regulations and procedures of Wallwork. I understand that my employment benefits and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either Wallwork or myself. I understand that no employee, representative, or agent of Wallwork has the authority to enter into any oral or written agreement for employment for any period of time or to make or imply any agreement contrary to the foregoing. I further understand that this document, any employment interviews or any offer of employment does not constitute an employment contract, and that any employment with Wallwork is strictly on an at-will basis.

If employed by Wallwork, I understand I will receive a copy of Wallwork's Employee Handbook which outlines Wallwork's benefits policies and procedures, as well as my employment responsibilities. I understand it is my responsibility to read, know and follow all policies contained in the Handbook. I also understand the information contained in the Handbook is subject to change as situations warrant, and that Wallwork has the right to amend this information unilaterally, with or without prior notice. I also understand changes in the policies may supersede, modify or eliminate the policies contained in the Handbook without prior notice.

If my employment with Wallwork is terminated, I understand and agree that Wallwork has no liability for wages or benefits except such as may have been earned up to the date of such termination. I understand Wallwork can change wages, benefits, and conditions of employment at any time without prior notification.

I understand and agree that any offer of employment by Wallwork to me is contingent on my ability to perform the essential job functions of the position offered. I further understand and agree that if I am unable to perform such job functions with reasonable accommodation that such offer of employment may be revoked or rescinded at any time with or without notice.

I understand and agree to all parameters as outlined in the above Statement as attested by my signature below. I also certify that I am willing to have a photocopy or facsimile of this authorization with the same authority as outlined.

Applicant Signature	Date	