
# **EMPLOYMENT APPLICATION**

***WEA Member Benefits is an equal opportunity employer.***

***Please complete all information completely and accurately. This application will be considered current and active for 30 days from today’s date.***

**Please Type or Print Clearly:**

Full Name:

Have you ever attended school or worked under a different name? [ ]  No [ ]  Yes:

Home Address:

Telephone Number:       Best time to call:

E-mail Address:

**EMPLOYMENT DESIRED**

Position applying for:       Date you can start:       Salary desired:

Where did you hear about this opportunity?

Days and Times available for work:

**GENERAL INFORMATION**

Are you 18 or older? [ ]  Yes [ ]  No

Can you provide proof of eligibility to work in the United States? [ ]  Yes [ ]  No

Do you have a valid driver’s license? [ ]  Yes [ ]  No (may be required for some jobs)

List any professional designations you hold:

List any foreign languages which you can speak fluently:       Read/write fluently:

Have you ever worked for WEA Member Benefits before? [ ]  Yes [ ]  No If Yes, list dates and client company:

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Location of School | How Many Years Completed? | Did You Graduate? | Subjects Studied/Degrees Received |
| High School |       |       |       |       |
| Trade, technical, junior college |       |       |       |       |
| College |       |       |       |       |
| Post-graduate |       |       |       |       |

**MILITARY SERVICE**

Have you ever been in the armed forces? [ ]  No [ ]  Yes Dates:

 Branch:       Rank:

Are you currently in the National Guard? [ ]  No [ ]  Yes

**EMPLOYMENT HISTORY**

***List your most recent employment first.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Employment** | **Employer** | **Position and Description of Responsibilities** | **Reason for Leaving** |
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If currently employed, may we contact your current employer? [ ]  Yes [ ]  No

Have you ever been fired from a job or asked to resign? [ ]  Yes [ ]  No

**REFERENCES**

***Supervisory References Preferred. Please do not list relatives as references.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Occupation** | **Years Known** | **Phone Number** |
|  |  |  |  |
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**Please list any other information you feel would be useful to us in consideration of your application:**

**APPLICANT’S STATEMENT—PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM**

I understand that WEA Member Benefits follows an “employment-at-will” policy, in that I or the employer may terminate my employment at any time, within applicable state or federal law. No one other than the President of the employer is authorized to offer or enter into an employment contract for a guaranteed length of time. This application does not constitute a contract or guarantee of employment.

I understand that the employer may thoroughly investigate my work and educational history and verify all information given on this application. Any omissions or misrepresentations by me on this application may result in my rejection for the position or, if already employed, my termination. I voluntarily and knowingly release from liability any person or organization that provides information pertaining to me or my employment.

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Applicant’s Signature Date