

WOOFER CONSTRUCTION & IRRIGATION, INC.

PO Box 526
1110 Plains Avenue
Colby, Kansas 67701
(785) 462-8653

APPLICATION FOR EMPLOYMENT

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full, even if attaching a résumé.)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST/MIDDLE/LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET/CITY/STATE/ZIP	HOW LONG?	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET/CITY/STATE/ZIP	HOW LONG?	MOBILE TELEPHONE #

IF NO PHONE, HOW MAY WE CONTACT YOU?

HAVE YOU EVER WORKED FOR THE COMPANY?

YES NO

IF YES, IN WHAT CAPACITY/POSITION? APPROXIMATE DATE: MO/YR.

HAVE YOU EVER APPLIED FOR A JOB WITH THE COMPANY?

YES NO

IF YES, WHERE? APPROXIMATE DATE: MO/YR.

HOW DID YOU LEARN ABOUT THIS POSITION?

GENERAL INFORMATION

IF YOU ARE UNDER AGE 18,
PLEASE STATE YOUR AGE:

IF YOU ARE UNDER AGE 18,
CAN YOU SUPPLY WORKING PAPERS?
 YES NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT
VISA STATUS (e.g., H-1B status) ? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION?
 YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO
IF YES, PLEASE EXPLAIN:

DESIRED WAGES/SALARY

IF APPLYING FOR A POSITION THAT REQUIRES A VALID DRIVERS LICENSE, CAN YOU, UPON EMPLOYMENT, PROVIDE
THE APPROPRIATE VALID DRIVER'S LICENSE? YES NO

DO YOU CURRENTLY HAVE A VALID COMMERCIAL DRIVERS LICENSE? YES NO

AVAILABILITY

PLEASE CHECK SCHEDULE AVAILABILITY:

- I DESIRE TO WORK FULL-TIME (40 HOURS) AND DO NOT HAVE RESTRICTIONS ON MY HOURS AND DAYS.
 I AM AVAILABLE FULL TIME, BUT DESIRE TO WORK PART-TIME (PLEASE INDICATE DESIRED AVAILABILITY BELOW).
 I AM ONLY AVAILABLE TO WORK PART-TIME (PLEASE INDICATE AVAILABILITY BELOW).

	MON	TUE	WED	THUR	FRI	SAT	SUN
HOURS AVAILABLE							

DATE AVAILABLE TO START:

NOTE: Work schedules are based upon the needs of the Company and may be subject to change on a weekly basis.

EMPLOYMENT HISTORY

Begin with your most recent employment [1] and continue with all past employment (attach additional sheet(s) if necessary). Failure to provide a full disclosure of all past employment will result in your disqualification for employment, or, if employed, your dismissal.

IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? [] YES [] NO

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.				
	ADDRESS				\$		
	CITY, STATE, ZIP		TO		ENDING SALARY		
		MO.	YR.				
TYPE OF BUSINESS				\$		REASON FOR LEAVING (Please Explain)	
PHONE NO.		NAME & TITLE OF IMMEDIATE SUPERVISOR					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO	
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.				
	ADDRESS				\$		
	CITY, STATE, ZIP		TO		ENDING SALARY		
		MO.	YR.				
TYPE OF BUSINESS				\$		REASON FOR LEAVING (Please Explain)	
PHONE NO.		NAME & TITLE OF IMMEDIATE SUPERVISOR					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO	
3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.				
ADDRESS				\$			

CITY, STATE, ZIP		TO		ENDING SALARY		
		MO.	YR.			
TYPE OF BUSINESS				\$		REASON FOR LEAVING (Please Explain)
PHONE NO.		NAME & TITLE OF IMMEDIATE SUPERVISOR				
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO	
4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES
		MO.	YR.			
ADDRESS				\$		
CITY, STATE, ZIP		TO		ENDING SALARY		
		MO.	YR.			
TYPE OF BUSINESS				\$		REASON FOR LEAVING (Please Explain)
PHONE NO.		NAME & TITLE OF IMMEDIATE SUPERVISOR				
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO	

EDUCATION					
NAME OF SCHOOL	ADDRESS	MAJOR	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	
OTHER			1 2 3 4	[] YES [] NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like the Company to consider in connection with your application for employment.

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ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with the Company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the Company? [] YES [] NO

If Yes, please explain _____

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Please provide the names of one personal and one professional reference (other than family members).

1	NAME	OCCUPATION
ADDRESS		TITLE/RELATIONSHIP
CITY, STATE, ZIP		YEARS KNOWN
2	NAME	OCCUPATION
ADDRESS		TITLE/RELATIONSHIP
CITY, STATE, ZIP		YEARS KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED. (Please initial here.)_____

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. **(Please initial here.)_____**

It is the policy of the Company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by federal, state or local law. **(Please initial here.)_____**

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information, and I also release the employer from all liability that might result from making an investigation. **(Please initial here.)_____**

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States. **(Please initial here.)_____**

I understand that the Company, in an effort to maintain a safe working environment, has a drug and alcohol policy. I understand that I will be subject to compliance with the Company's policy and procedures for drug and alcohol testing, and therefore, consent to the drug and alcohol testing. I further understand that (1) the Company's drug and alcohol policy provides for pre-employment testing; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of any drug and alcohol testing under such policy. I also understand that the Company reserves the right to test employees when they suspect an employee is under the influence of drugs and alcohol in the workplace and may require a drug and alcohol test on employees involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in connection with the accident or injury. **(Please initial here.)_____**

If hired, I agree to abide by all of the Company rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the governing body or to make any agreement contrary to the foregoing. **(Please initial here.)_____**

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the Company after this application expires, it will be my responsibility to fill out a new application and submit it to the Company. **(Please initial here.)_____**

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me. **(Please initial here.)_____**

I have read all of the information very carefully, I fully understand that by signing my name that I am agreeing to the terms of all these statements.

Applicant's printed name: _____ Initials: _____

Applicant's Signature: _____ Date: _____

