

WEST LEBANON FEED & SUPPLY



Proudly Employee-Owned™

Application for Employment

West Lebanon Supply, Inc. (WLS) is an equal opportunity employer.

This entire application must be completed to process, even if a resume is attached.

Please write clearly and legibly.

Today's Date: _____

Position desired: _____

Circle preference: full time / part time

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Personal Information

Name (Last, First, Middle Initial)			
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone Number with Area Code	Email Address	Referred by	

Employment Information

Date you can start		Salary desired	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to WLS before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?	For what position?	

Education History

	Name and Location of School	# Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				
Other				

General Information

Subjects of special study/research work	
Special training/licenses/certifications	
Special skills	
US Military or Naval service	Rank

Former Employers (List below the last four employers, starting with most recent one first)

Date (month and year)	Name & Address of Employer	Wage/Salary	Position	Supervisor's Name	Reason for leaving
From					
To					
Phone:					

Former Employers - continued

Date (month and year)	Name & Address of Employer	Wage/Salary	Position	Supervisor's Name	Reason for leaving
From	Phone:				
To					
From	Phone:				
To					
From	Phone:				
To					

References (List below the names of three people not related to you, or living in the same household, whom you have known at least one year)

Name	Relationship	Contact Number	Years Known

Personal Physical Assessment

All prospective employees who are offered employment must complete the WLS pre-employment health screening process. This includes a physical examination commensurate with the duties listed in each job description, and drug screening performed by a WLS designated healthcare provider. Employees are also subject to random drug screenings during the course of employment, performed by a WLS designated healthcare provider. By signing this application for employment, I understand and consent to these stipulations.

Criminal Background Information

Depending upon the nature of the duties listed in each job description, some prospective employees who are offered employment must consent to a criminal background check. By signing this application for employment, I understand and consent to these stipulations.

Have you ever been convicted of a crime? (Please circle)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please explain:		

Authorization

"I certify that the facts contained in the application are true and complete to the best of my knowledge. I understand that, if employed by WLS, falsified statements on this application may result in dismissal.

"I authorize investigation of all statements contained herein and the references and employers listed above to give WLS any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release WLS from all liability for any damage that may result from utilization of such information.

"I also understand and agree that no representative of WLS has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized WLS representative

"This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

☐ **PLEASE CHECK HERE TO ACKNOWLEDGE THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE, AND THAT PROVIDING FALSE OR MISLEADING INFORMATION ON THIS EMPLOYMENT APPLICATION COULD LEAD TO DELAY OR TERMINATION OF THE HIRING PROCESS AND/OR TERMINATION OF EMPLOYMENT. PLEASE NOTE THAT BY ADDING YOUR DIGITAL SIGNATURE IN THE FIELD BELOW, YOU ARE STATING YOUR AGREEMENT TO THE TERMS HEREIN.**

Date:	Applicant Signature:
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TYPICAL WEEKLY WORK AVAILABILITY:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							