

Education	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

These are the only employers that I have had in the last 7 years:

Signature _____ Date _____

Employer	Dates Employed		Work Performed/Job Responsibilities
Type of Business	<i>From</i>	<i>To</i>	
Address			
Telephone Number	Hourly Rate/Salary		
Job Title	Supervisor	<i>Starting</i>	<i>Final</i>
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Dates Employed		Work Performed/Job Responsibilities
Type of Business	<i>From</i>	<i>To</i>	
Address			
Telephone Number	Hourly Rate/Salary		
Job Title	Supervisor	<i>Starting</i>	<i>Final</i>
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Dates Employed		Work Performed/Job Responsibilities
Type of Business	<i>From</i>	<i>To</i>	
Address			
Telephone Number	Hourly Rate/Salary		
Job Title	Supervisor	<i>Starting</i>	<i>Final</i>
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Dates Employed		Work Performed/Job Responsibilities
Type of Business	<i>From</i>	<i>To</i>	
Address			
Telephone Number	Hourly Rate/Salary		
Job Title	Supervisor	<i>Starting</i>	<i>Final</i>
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Additional Information

State any additional information you feel may be helpful to us in considering your application.

References

Do not list relatives or former or current WRT employees.

Name	Occupation	Years Known
Address	Phone Number	
Name	Occupation	Years Known
Address	Phone Number	
Name	Occupation	Years Known
Address	Phone Number	

Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without reasonable accomodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

WRT Pre-employment Affidavit

Please Read Carefully and Initial Each Paragraph Before Signing

WRT is an equal opportunity employer. We pledge to continued positive action to insure equal opportunity for all applicants regardless of race, color, religion, national origin, sex, age, or disability. It is our policy to provide employment opportunities to qualified disabled individuals and veterans.

By my signature, which includes any electronic marketing I may make, and initials placed below, I promise that the information provided in this employment application (and accompanying resume/application) is true and complete. I understand that any false information or significant omission may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I agree to immediately notify WRT if I should be convicted of a felony, to include any deferred imposition of sentencing, or any crime involving dishonesty or breach of trust while my job application is pending, or during my period of employment, if hired.

Initial

Except as previously noted, I authorize any person, school, current employer, past employer, and organizations named in this application form to provide WRT with relevant information and opinion that may be useful to WRT in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

Initial

I give permission for a complete check of my driving record including any state where I presently have or have had a driver's license or permit.

Initial

I give permission for a complete employment physical examination, including a drug screening exam and alcohol testing. I consent to the release to WRT of any and all medical information, as may be deemed necessary by WRT in judging my capability to do the work for which I am applying.

Initial

I understand that if WRT terminates my employment for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investment or other activities that create a conflict of interest with my position.

Initial

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of any wages or salary, be terminated at any time. I understand that no person is authorized to change any of the terms mentioned in this employment affidavit.

Initial

Any verification made as a result of this release will be made in a professional manner by WRT management or at their request. Verifications will normally be made prior to job offer, after job offer and prior to employment or during evaluation period. Special conditions may require verifications during employment.

If signed electronically, it is my intention that the marks made herein constitute my signature for purposes of this Affidavit and Application.

Signed by _____

Date _____

Print Application