



Employment Application

TODAYS DATE:

Employment Application

Webster Industries

I AM AVAILABLE TO WORK:

- DAYS
 NIGHTS
 DAYS OR NIGHTS

Webster Industries is an equal opportunity employer and discrimination against any person because of political or religious of race, color, national origin, age, sex, disability or any other non-merit factor is prohibited. Discrimination on the basis of race, color, national origin, age, sex, disability or any other non-merit factor is prohibited except where specific age, sex or physical requirements constitute a bona fide occupational qualification necessary to proper and efficient administration or performance of the job.

Under the Americans with Disabilities Act ("ADA"), it is the responsibility of the applicant with a disability to request the accommodation that he/she requires in order to participate in the application process. Webster Industries reserves the right to require documentation of the need for accommodation under the ADA. In order to request accommodation in the application process, contact Human Resources at (334) 277-9360.

PLEASE PRINT AND USE INK ONLY! NO PENCIL

ANSWER EACH QUESTION SO YOUR QUALIFICATIONS CAN BE GIVEN EVERY CONSIDERATION.

LAST NAME		FIRST NAME		MIDDLE NAME	SOCIAL SECURITY #
ADDRESS		CITY	COUNTY	STATE	ZIP CODE
TELEPHONE #	CELL/OTHER PHONE#	IF HIRED, CAN YOU FURNISH PROOF OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAGE/SALARY REQUIREMENTS	KIND OF WORK OR POSITION APPLYING FOR: 1. _____		2. _____		

HAVE YOU EVER BEEN AN EMPLOYEE OF WEBSTER INDUSTRIES: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHAT NAME?		DATES YOU WORKED AS A WEBSTER EMPLOYEE: BEGIN: _____ END: _____
HAVE YOU EVER FILED AN APPLICATION WITH WEBSTER BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT YEAR?	IF YES, BY WHAT NAME?	DID YOU HAVE AN INTERVIEW? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHO REFERRED YOU TO US?	HAVE ANY OF YOUR RELATIVES WORKED FOR WEBSTER INDUSTRIES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	IF YES, WHO?		
DO ANY OF YOUR FRIENDS WORK AT WEBSTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST NAMES AND RELATIONSHIP.		

ELIGIBILITY UNDER THE IMMIGRATION REFORM ACT OF 1986 IS REQUIRED FOR EMPLOYMENT. CAN YOU PROVIDE DOCUMENTATION, IF HIRED, OF YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED OF A FELONY? (CONVICTION OF A FELONY DOES NOT EXCLUDE A CANDIDATE FROM CONSIDERATION FOR EMPLOYMENT) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:

EDUCATION HISTORY

CIRCLE HIGHEST GRADE COMPLETED (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	VOCATIONAL TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AREA OF TRAINING:	HIGHEST LEVEL OF COLLEGE COMPLETED: (1) (2) (3) (4) MAJOR: _____ MINOR: _____ WHAT DEGREE COMPLETED: _____	HIGHEST LEVEL OF GRADUATE SCHOOL COMPLETED? (1) (2) (3) (4) MAJOR: _____ MINOR: _____ WHAT DEGREE COMPLETED: _____
--	---	---	---

EMERGENCY CONTACT

LAST NAME, FIRST NAME	RELATIONSHIP	HOME PHONE #	WORK/CELL PHONE #
-----------------------	--------------	--------------	-------------------

List last 4 jobs held in the last 10 years. Include military service and volunteer activities. Complete this section even if you submit a resume.

EMPLOYMENT HISTORY

#1 CURRENT/MOST RECENT EMPLOYER	FINAL POSITION	PAY RATE	HRS PER WEEK	DATES OF EMPLOYMENT: FROM: TO:
ADDRESS	STARTING POSITION	PAY RATE	HRS PER WEEK	
CITY, STATE, ZIP	DUTIES/RESPONSIBILITIES OF FINAL POSITION:		REASON FOR LEAVING:	
PHONE #:	SUPERVISOR:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO YOUR INITIAL:	
#2 EMPLOYER PRIOR TO #1	FINAL POSITION	PAY RATE	HRS PER WEEK	DATES OF EMPLOYMENT: FROM: TO:
ADDRESS	STARTING POSITION	PAY RATE	HRS PER WEEK	
CITY, STATE, ZIP	DUTIES/RESPONSIBILITIES OF FINAL POSITION:		REASON FOR LEAVING:	
PHONE #:	SUPERVISOR:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO YOUR INITIAL:	
#3 EMPLOYER PRIOR TO #2	FINAL POSITION	PAY RATE	HRS PER WEEK	DATES OF EMPLOYMENT: FROM: TO:
ADDRESS	STARTING POSITION	PAY RATE	HRS PER WEEK	
CITY, STATE, ZIP	DUTIES/RESPONSIBILITIES OF FINAL POSITION:		REASON FOR LEAVING:	
PHONE #:	SUPERVISOR:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO YOUR INITIAL:	
#4 EMPLOYER PRIOR TO #3	FINAL POSITION	PAY RATE	HRS PER WEEK	DATES OF EMPLOYMENT: FROM: TO:
ADDRESS	STARTING POSITION	PAY RATE	HRS PER WEEK	
CITY, STATE, ZIP	DUTIES/RESPONSIBILITIES OF FINAL POSITION:		REASON FOR LEAVING:	
PHONE #:	SUPERVISOR:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO YOUR INITIAL:	

STATEMENT OF UNDERSTANDING AND AGREEMENT: I understand that the use of this application form does not indicate there are any positions open and does not in any way obligate Webster Industries. I understand that, if hired, (a) I am required to abide by all rules and regulations of the Company; (b) the employment relationship between me and the Company has no specific term and is terminable at will either by me or by the Company, both during and after the initial probationary period; (c) general conduct standards are more strict here than other places of employment. I will fill out and sign a bonding application if requested and sign a trade secret and/or non-competition agreement if requested. I agree to undergo a medical examination and to respond truthfully to medically related inquiries after an offer of employment has been made to me and prior to the commencement of any employment duties, and I understand that any offer of employment is conditioned on the results of such examination and inquiries (including a drug screen). I further agree, after employment to undergo medical examination and to respond truthfully to medically related inquiries when such examinations or inquiries are necessary to determine whether I am able to perform the essential functions of my current job or of any other job for which I am then under consideration. I further agree, after employment, to be subjected to random and for cause drug screens.

I certify that the information I have given on this application is true and complete and understand that in the event of employment, any false or misleading information given in my application or interview(s) may be cause for immediate dismissal without further notice regardless of the time of discovery.

I hereby release from all liability or responsibility all persons, schools, corporations, governments agencies or other organizations furnishing information regarding my personal, employment and educational history; and hereby authorize the release of any such information including law enforcement records. Photocopies of this Authorization to Release Information should be treated as original. WEBSTER INDUSTRIES is not required to inform me of the specific reasons why either favorable or unfavorable action on my application has been made. I have read and understand this Statement of Understanding and Agreement.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER M/F/D/V

Signature: _____ Date: _____