



## EMPLOYMENT APPLICATION

INSTRUCTIONS: PLEASE READ AND COMPLETE IN FULL THIS APPLICATION MAKING CERTAIN THAT YOU HAVE REVIEWED THE DECLARATION OF EMPLOYMENT AND THE AGREEMENT, AUTHORIZATION AND CONSENT FOR RELEASE OF YOUR BACKGROUND INFORMATION.

### DESIRED EMPLOYMENT

POSITION SOUGHT: \_\_\_\_\_ YEARS OF EXPERIENCE: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

SALARY REQUIREMENTS: \$ \_\_\_\_\_ COMMENTS: \_\_\_\_\_

### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

MAILING ADDRESS: \_\_\_\_\_  
STREET NAME AND NUMBER

\_\_\_\_\_  
CITY STATE ZIP CODE

PERMANENT ADDRESS: \_\_\_\_\_  
STREET NAME AND NUMBER

\_\_\_\_\_  
CITY STATE ZIP CODE

TELEPHONES: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELLULAR: \_\_\_\_\_

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

ARE YOU RELATED TO ANYONE THAT HAS BEEN OR IS CURRENTLY EMPLOYED BY WINFIELD? YES NO

IF YES, PLEASE LIST THEIR NAME AND YOUR RELATIONSHIP TO THEM: \_\_\_\_\_

DO YOU HAVE ANY TRAFFIC VIOLATIONS, INCLUDING DUI'S, OR HAVE YOU BEEN INVOLVED IN AN ACCIDENT OVER THE PAST THREE (3) YEARS? YES NO

IF YES, PLEASE PROVIDE DETAILS: \_\_\_\_\_

### EDUCATION AND TRAINING

Education/Training	Institution	Years Completed	Education Level/ Studies/Degrees	Date Completed
HIGH SCHOOL/GED				
COMMERCIAL, TRADE/ TECHNICAL TRAINING				
UNDERGRADUATE COLLEGE/UNIVERSITY				
GRADUATE/PROFESSIONAL				
OTHER/CONTINUING EDUCATION				
PROFESSIONAL QUALIFICATIONS/ MEMBERSHIPS/LICENSES				



**SPECIALIZED SKILLS**

TECHNICAL SKILLS: \_\_\_\_\_

TRADE/MAINTENANCE SKILLS: \_\_\_\_\_

LANGUAGE SKILLS: SPOKEN: \_\_\_\_\_ WRITTEN: \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO CLASS: \_\_\_\_\_ STATE: \_\_\_\_\_

DO YOU HAVE A VALID CDL LICENSE? YES NO CLASS: \_\_\_\_\_ STATE: \_\_\_\_\_

**PREVIOUS EMPLOYMENT (PLEASE LIST MOST RECENT FIRST)**

<b>EMPLOYER'S NAME:</b>	<b>Address:</b>
<b>LAST POSITION HELD:</b>	<b>Telephone:</b>
<b>SUPERVISOR'S NAME:</b>	<b>Reason for Leaving:</b>
<b>PERIOD EMPLOYED: FROM: To:</b>	<b>Final Salary:</b>
<b>DUTIES:</b>	

<b>EMPLOYER'S NAME:</b>	<b>Address:</b>
<b>LAST POSITION HELD:</b>	<b>Telephone:</b>
<b>SUPERVISOR'S NAME:</b>	<b>Reason for Leaving:</b>
<b>PERIOD EMPLOYED: FROM: To:</b>	<b>Final Salary:</b>
<b>DUTIES:</b>	

<b>EMPLOYER'S NAME:</b>	<b>Address:</b>
<b>LAST POSITION HELD:</b>	<b>Telephone:</b>
<b>SUPERVISOR'S NAME:</b>	<b>Reason for Leaving:</b>
<b>PERIOD EMPLOYED: FROM: To:</b>	<b>Final Salary:</b>
<b>DUTIES:</b>	



**REFERENCES**

PLEASE PROVIDE THREE (3) REFERENCES OTHER THAN PERSONAL FRIENDS AND RELATIVES BELOW:

	NAME	COMPANY	POSITION	TELEPHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

MAY WE CONTACT YOUR PRESENT EMPLOYER AS A REFERENCE? YES NO

WHAT ABOUT PREVIOUS EMPLOYERS? YES NO

IF NO, PLEASE EXPLAIN WHY: \_\_\_\_\_

**PHYSICAL AND HEALTH RECORD**

1. HAVE YOU EVER BEEN INJURED ON THE JOB? YES NO IF YES, PLEASE PROVIDE THE DATE AND NATURE OF THE INJURY, AS WELL AS THE EMPLOYER AND THE NUMBER OF DAYS LOST

AND WHETHER YOU RETURNED TO WORK: \_\_\_\_\_

2. IF ANY OF THE ABOVE INJURIES RESULTED IN WORKERS' COMPENSATION PAYMENT, PLEASE

PROVIDE THE NAME OF THE EMPLOYER AT THE TIME: \_\_\_\_\_

3. HAVE YOU EVER HAD ANY AILMENTS OF THE FOLLOWING: TROUBLE WITH AND/OR INJURY TO YOUR BACK (INLCUDING NECK AND HERNIA), HEART, FEET, HEAD AND/OR OTHER LIMBS; DIABETES; EPILEPSY; HEADACHES; SEIZURES/CONVULSIONS; SKIN RASH; BLOOD DISORDER; VISUAL AND/OR

SPEECH IMPAIRMENTS? \_\_\_\_\_

4. GENERAL HEALTH: FAIR GOOD EXCELLENT AGE \_\_\_\_ HEIGHT \_\_\_\_ WEIGHT \_\_\_\_

**EMERGENCY CONTACT**

IN CASE OF AN EMERGENCY, PLEASE LIST THE PERSON WHOM YOU WISH TO BE NOTIFIED:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**DECLARATION**

I HEREBY AUTHORIZE AN INVESTIGATION OF THE INFORMATION PROVIDED HEREIN AND UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS HEREIN SHALL CONSTITUTE GROUNDS FOR IMMEDIATE TERMINATE OF MY EMPLOYMENT WITH WINFIELD. FURTHER, UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT NOTICE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**MANAGEMENT USE ONLY**

DIVISION/DEPARTMENT \_\_\_\_\_

INTERVIEW COMMENTS: \_\_\_\_\_

POSITION \_\_\_\_\_

COMPENSATION \_\_\_\_\_

START DATE \_\_\_\_\_

STAFF MEMBER ID \_\_\_\_\_

APPROVAL SIGNATURE/DATE: \_\_\_\_\_

PLEASE COMPLETE THE REVERSE SIDE.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION AND FOR YOUR INTEREST IN WINFIELD.



**AGREEMENT, AUTHORIZATION AND  
CONSENT FOR RELEASE OF BACKGROUND INFORMATION (PLEASE PRINT OR TYPE)**

I, \_\_\_\_\_  
NAME: LAST FIRST MIDDLE (PLEASE INCLUDE SR., JR., II, III, ETC.)

UNDERSTAND THAT IN CONJUNCTION WITH MY APPLICATION FOR EMPLOYMENT, WORK TO BE PERFORMED UNDER CONTRACT, PROMOTION, VOLUNTEER POSITION, REASSIGNMENT, AND/OR RETENTION ("ENGAGEMENT"), WINFIELD WILL USE THE SERVICES OF AN OUTSIDE AGENCY TO RESEARCH AND VERIFY THE INFORMATION I HAVE PROVIDED ON MY APPLICATION FOR ENGAGEMENT INCLUDING MY PERSONAL BACKGROUND, CHARACTER, PROFESSIONAL STANDING, WORK HISTORY AND QUALIFICATIONS. THIS AGENCY WILL PROVIDE A WRITTEN REPORT OF ITS FINDINGS TO WINFIELD. WINFIELD USES ABSO, A CONSUMER-REPORTING AGENCY, AS AN AGENT TO PERFORM ITS EMPLOYMENT RELATED BACKGROUND INVESTIGATIONS.

ABSO WILL UTILIZE VARIOUS SOURCES OF INFORMATION IT DEEMS APPROPRIATE INCLUDING BUT NOT LIMITED TO: CRIMINAL RECORDS, CURRENT AND FORMER EMPLOYERS, DEPARTMENT OF MOTOR VEHICLE RECORDS, MILITARY RECORDS, CREDIT REPORTING AGENCIES, EDUCATION RECORDS, LICENSING AUTHORITIES, STATE AND FEDERAL SANCTIONING AUTHORITIES, PROFESSIONAL AND PERSONAL REFERENCES AND WORKERS COMPENSATION RECORDS INCLUDING ANY AND ALL INJURIES IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT. I AGREE, AUTHORIZE AND CONSENT TO THE RELEASE AND DISCLOSURE OF ANY AND ALL INFORMATION INCLUDING BUT NOT LIMITED TO THE ABOVE TO WINFIELD, AND ABSO.

I AGREE, AUTHORIZE AND CONSENT TO THE PROCUREMENT OF A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT AND UNDERSTAND THAT IT MAY CONTAIN INFORMATION ABOUT MY CREDIT WORTHINESS, CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING. THIS AUTHORIZATION IN ORIGINAL OR COPY FORM SHALL BE VALID FOR MY TERM OF ENGAGEMENT FROM THE DATE INDICATED NEXT TO MY SIGNATURE. ACCORDING TO THE FAIR CREDIT REPORTING ACT, I WILL BE NOTIFIED BY WINFIELD IF ENGAGEMENT IS DENIED BECAUSE OF INFORMATION OBTAINED FROM A CONSUMER REPORTING AGENCY. ADDITIONALLY, I UNDERSTAND THAT IF REQUESTED WITHIN 60 DAYS, I WILL BE GIVEN A FULL AND ACCURATE DISCLOSURE AS TO THE NATURE AND SUBSTANCE OF ALL INFORMATION PROVIDED TO WINFIELD. I FURTHER UNDERSTAND THAT I MAY REQUEST A COPY OF THE REPORT, AND THAT WHEN DOING SO, PROPER IDENTIFICATION WILL BE REQUIRED AND I SHOULD DIRECT MY REQUEST TO: ABSO, 3009 DOUGLAS BLVD., 3RD FLOOR, ROSEVILLE, CA 95661. I UNDERSTAND THAT RESIDENTS OF ALL STATES WILL AUTOMATICALLY RECEIVE A COPY OF THE REPORT IF AN ADVERSE ACTION IS TAKEN REGARDING THE EMPLOYMENT APPLICATION, OR UPON REQUEST AS OUTLINED HEREIN.

PLEASE CHECK THIS BOX, IF YOU ARE APPLYING FOR WORK WITH A CALIFORNIA, MINNESOTA OR OKLAHOMA BASED EMPLOYER AND YOU WOULD LIKE A COPY OF YOUR CONSUMER REPORT IF ONE IS PREPARED IN THE INVESTIGATION OF YOUR BACKGROUND. CA CODES 1785.20.5 & 1786.16(A)(5)(B)(1), MN CODE 13C SUBDIVISION 2, OK CODE 24 O.S. §148.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

\_\_\_\_\_  
SIGNED TODAY'S DATE

\_\_\_\_\_  
NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE POSITION APPLIED FOR

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DATE OF BIRTH DRIVER'S LICENSE NUMBER STATE

OTHER NAMES YOU HAVE USED, OR ARE ALSO KNOWN AS, INCLUDING MAIDEN NAME, NAME CHANGES AND ANY ALIASES:

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST SEVEN (7) YEARS.  
(FROM: MONTH/YEAR/TO: MONTH/YEAR)**

CURRENT ADDRESS: \_\_\_\_\_ /  
STREET APT. NO. CITY STATE ZIP CODE FROM/TO

FORMER ADDRESS: \_\_\_\_\_ /  
STREET APT. NO. CITY STATE ZIP CODE FROM/TO

FORMER ADDRESS: \_\_\_\_\_ /  
STREET APT. NO. CITY STATE ZIP CODE FROM/TO

FORMER ADDRESS: \_\_\_\_\_ /  
STREET APT. NO. CITY STATE ZIP CODE FROM/TO