## **Wormington Enterprises Incorporated**

## Application for Employment

	• Pre-Employmo	ent Questionna	aire • Equ	ıal Oppoi	tunity Emp	loyer		
	3619 N. High (H	⊣wy 61) • Jack	son, MO	63755 •	(573) 204-7	250		
Date								
Personal Informati	on	m Lya	ČE BES	Miles II	7114500		-7	141
Name (Last, First, MI)			S S Y (II II)	Social S	ecurity No.			
Address	City			State	Zi	p		
Phone No.	Cell No.			E-mail A	Address			
Driver's License Numb	ber / State / Expirat	ion Date		Referred	by			
Employment Desir			4.11	q", d			150077163	
Position	Salary Desi	red Ho	urs Desi	red	Date .	Availab	le for Work	
Have you ever applied before?	to this company YES NO	If so, when?						
Have you ever been en company before?	nployed by this YES NO	If so, when?						
Education History	100 180 500	8 55 2				W 51		
Name and Location of	School		Yea Atte	rs ended	Did you graduate?	S	ubjects Studied	
High School								
College								
Trade/Technical								
List any seminars, clas	ses, or other educat	ion not listed	above wh	nich may	help qualify	you for	r this position	
General Information	on	\$34 ALE	HIVE	, 835 Y	150 Ag	STA.	31117	
Identify formal job trai	ning, skills, and cer	tification that	relates to	the posi	tion you are	applyii	ng for:	
How well can you spea	ak, read, and write I	English?	171				v	
	~ .			Flı	uent	Good	Fair	
	Speak							
	Read Write							
List any languages oth		you are fluent	t in:					
		J = 11.0 11.0011						

Employment History				
List all present and past employers ov				
periods of unemployment. You must employer? ☐ YES ☐ NO	complete this section eve	n if attaching a resume. I	May we contact your current	
1. Employer (current Yes No)	Start Date	End Date	Position	
1. Employer (current 🗀 165 🗀 100)	Start Date	End Date	Tosition	
Address	City	State	Zip	
DI N I	N CC '	0, 1, 0,1	E II O I	
Phone Number	Name of Supervisor	Starting Salary	Ending Salary	
Essential Job Functions		L.		
Reason(s) For Leaving				
What value did you add to this comp	any or its customers?			
2. Employer (current \( \subseteq \text{Yes} \( \supseteq \text{No} \)	Start Date	End Date	Position	
Address	City	State	Zip	
Phone Number	Name of Supervisor	Starting Salary	Ending Salary	
Essential Job Functions				
Reason(s) For Leaving				
What value did you add to this comp	any or its customers?			
3. Employer (current \( \subseteq \text{Yes} \subseteq \text{No} \)	Start Date	End Date	Position	
Address	City	State	Zip	
Phone Number	Name of Supervisor	Starting Salary	Ending Salary	
Essential Job Functions				
Reason(s) For Leaving				
What value did you add to this comp	any or its customers?			
4. Employer (current ☐ Yes ☐ No)	Start Date	End Date	Position	
Address	City	State	Zip	
Phone Number	Name of Supervisor	Starting Salary	Ending Salary	
Essential Job Functions		<u> </u>		
Reason(s) For Leaving				
What value did you add to this comp	any or its customers?			
Describe what you believe	are the most unique fea	atures of your work his	story:	

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List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.  U.S. Military or Naval Service    Rank
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If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?  If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for?  If, Yes, please explain:  If driving is a requirement of the position applied for, have you in the last 7
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## **Equal Employment Opportunity Statement** This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company. **Complete and Accurate Information** I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. **Company Obligation** I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application. I also understand and agree that no representative of the company 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 company representative. **Authorize Investigation** I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result form utilization of such information. Authorization to Obtain Driver's Motor Vehicle Record I understand that personal information contained in my MVR is protected by state and federal laws. The information in my driver record must be used only in the normal course of business and only to verify accuracy of personal information. I hereby authorize that the personal information in my DMV file may be released as requested to Marvin Wormington at Wormington Enterprises Inc DBA. Bootheel Fence Company. Exact name and address on drivers license (print clearly) Drivers License Number State Drivers License Issued Date of Birth Social Security Number Signature \_\_\_\_ ------Do No Write Below This Line-----Interviewed By Date Neatness Character Promptness Ability Hire □Yes □No □Maybe Position Additional Notes

Please read each statement closely and initial each acknowledging your understanding