



APPLICATION FOR EMPLOYMENT

PO Box 813
1300 SW 22nd Street
Willmar, MN 56201
Phone: 320-235-5310
Fax: 320-235-5376

218 Main Street South, Suite 116
Hutchinson, MN 55350
Phone: 320-234-7515
Fax: 320-234-7317

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. Qualified applicants are considered for all positions without regard to race, color, creed, religion, sex, sexual orientation, national origin, age, marital status, disability, status with regard to public assistance, status as a Vietnam era or special disabled Veteran, or military status. All employment is at will, with no specific term nor contract of employment in place.

Name: _____ Phone: _____ Cell: _____
Last First MI

Address: _____
Street City State Zip

When available for work? _____ Position Desired: _____

Who referred you? _____

EDUCATION

High School (Circle the last year completed): 9 10 11 12

Name and Address		# Years Attended	Major	Degrees
College, University, Trade, Business, or Correspondence School				

Have you been convicted of a felony within the last 7 years? (A conviction is not an automatic barrier to employment disqualification.) Yes No

If yes, please explain: _____

Do you have a valid driver's license? Yes No

EMPLOYMENT EXPERIENCE

Are you employed now? Yes No

May we inquire of your present employer? Yes No

Contact Person: _____ Phone: _____

If you require assistance to complete the application, please notify one of the secretaries or call 235-5310.

List each job held. Start with your present or last job. Include military service assignments and volunteer activities.

Employer:	Dates		Work Performed
Address:	From	To	
Phone #:			
Job Title:	Hrly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			

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Address:	From	To	
Phone #:			
Job Title:	Hrly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			

OTHER UNPAID RELEVANT EXPERIENCE OR SPECIAL EXPERIENCE

(Describe in as much detail as possible):

PERSONAL REFERENCES (List below three persons not related to you):

Name	Address	Phone	Occupation	Years Acquainted

EMPLOYMENT REFERENCES (Should be persons who supervised you in previous employment):

Name	Address	Phone	Occupation	Years Acquainted

AGREEMENT

I authorize and consent to reference checks and former employer contacts to determine my ability to do the job for which I am an applicant. I am qualified to do the job which I have applied for. My signature releases WCI, and present or former employers, from all claims and liabilities stemming from the release of such information.

We are a designated non-smoking facility. All applicants will abide by those restrictions if hired.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by:

Date:

Remarks:

Reference Checks:

Hired

Not Hired



an Equal Opportunity, Affirmative Action Employer

APPLICANT SURVEY FORM

Last name	First name	Middle Initial(s)
Date		Position(s) for which you are applying

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations, and *for no other purpose*.* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Race / Ethnicity – Select one or more

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Other Minority**

Disability – Are you a person with a disability?

- Yes
- No

Sex – Select one

- Female
- Male

* **This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify use in some manner.