## WWCSI Application for Employment Winners Container Services

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact human resources.

Position(s) applied for		Date of application				
Print full name						
Street address		City	State	ZIP		
Main phone number	in phone number Alternate phone number					
Employment Experience Please list the names of your parts employer listed first. Be sure to business references. Add an acceptance.	present or previous employers to account for all periods of t					
Name of employer		Supervisor	May we contact?			
			□ Yes □ No			
Street address						
Phone number		Dates employed (month/year)				
		From	То			
Job title and duties		Reason for leaving				

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Name of employer	Supervisor	May we contact?	
		☐ Yes ☐ No	
Street Address			
Phone Number	Dates employed (month/year)		
	From	То	
Job title and duties	Reason for leaving		
Name of annalyses	Company	AA	
Name of employer	Supervisor	May we contact?	
		☐ Yes ☐ No	
Street Address			
Phone Number	Dates employed (month/year)		
	From	То	
Job title and duties	Reason for leaving		

Have you ever been involuntarily terminated or asked to resign from any job?  $\square$  Yes  $\square$  No



## **Education**

Please describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	Area of study/major	Specialized training, skills, or extracurricular activities
ligh school				
College/ Iniversity				
Graduate/ Professional Chool				
Other  Busines	ss and Profession			
Other  Busines Please lis	t three professional re		ividuals who are <i>not</i> rela	ated to you.  Phone number or email
Other  Busines Please lis	t three professional re	ferences of indi	ividuals who are <i>not</i> rela	
	t three professional re	ferences of indi	ividuals who are <i>not</i> rela	
Busines Please lis	t three professional re	ferences of indi	ividuals who are <i>not</i> rela	
Busines Please lis	t three professional re	ferences of indi	ividuals who are <i>not</i> rela	
Busines Please lis Name and tit	t three professional re	Relation	ividuals who are <i>not</i> rela	

4. Do you have friends and/or relatives working for this company?  $\ \ \Box$  Yes  $\ \Box$  No

3. Have you ever worked for this company before?  $\ \square$  Yes  $\square$  No

If yes, please provide dates and position:

If yes, name(s) and relationship(s):

5. On what	date are you av	/ailable to begi	n work?			
6. Days/ho	urs available to	work:				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7. Assauran		ماد کا ال	a Davit ti		Work D Toron	
7. Are you	available to wor	K! L FUIL-LIM	e ⊔ Part-ti	me 🗆 snirt	work in remp	orary
8. If hired,	would you have	a reliable mea	ans of transpo	rtation to ar	nd from work?	□ Yes □ No
9. Can you	travel if the pos	sition requires i	it? □ Yes □	No		
10. If hired,	can you presen	t evidence of y	our identity a	ınd legal righ	t to work in this	s country?
	Yes □ No now, or will you	in the future r	roquiro coons	archia for am	anloymont vica c	tatus?
-	es  No	iii tile future, i	equire spons	orship for en	ipioyineni visa s	otatus:
12. Are you		-		of the job fo	r which you are	applying with or
	es that may be n					ole accommodati essential job
Applica	ant Statemer	nt and Agre	ement			
Please re please as	ad and initial eack.	th paragraph be	low. If there i	s anything th	at you do not un	derstand,
education prior emp reports, a disclosure persons,	hereby authorize n and other matte ployers and refere and other informa e. In addition, I h corporations, par arising out of or	ers related to mences I have list ation related to ereby release the therships, and a	y suitability fed to disclose my work reco ne company, rassociations fr	or employment to the comparison without my former emon om any and a	nt and, further, a any any and all lo giving me prior n aployers, and all ll claims, deman	authorize the etters, notice of such other
	the event of my		•	ny, I understa	and that I am rec	quired to

If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.
I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.
I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any 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.
I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.
My signature attests to the fact that I have read, understand, and agree to all of the above terms.
Signature:
Name (print):
Date: