

# Wheaton-Dumont Coop Elevator

Employment Application



APPLICANT INFORMATION			Date:
Last Name	First	Date of Birth	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date

OFFICE PURPOSES ONLY.
<p>Application Received:</p> <p>By:</p> <p>Date:</p>

**Consent by Applicants or Employees for Drug or Alcohol testing under the company policy on Drugs and Alcohol.**

I acknowledge that I have had an opportunity to read and review a written copy of the company policy on Drugs and Alcohol in the workplace and Drug and Alcohol Testing.

I hereby voluntarily consent to the company or its designated clinic, to collect a blood, urine, and/or breath sample(s) from me for testing for drugs and/or alcohol. I further consent that the testing clinic or laboratory may conduct testing or other analysis on any such body samples provided by me and may disclose the test results data to the company. If I am an applicant for employment, I understand that positive test results will result in the withdrawal of the offer of employment. If I am an employee, I understand that positive test results may result in my assessment of chemical dependency, and I consent to release of such information regarding any chemical dependency and suggested corrective treatment to the company. I also understand that positive test results may result in adverse personnel action, up to and including termination. Other than as stated in the policy, I understand that any test results will be treated as confidential and not disclosed to third parties without my consent.

I understand that, should I have a positive test result, I will have the right and the opportunity to submit additional information to explain the test result. This information should include any over-the-counter or prescription medications that I am currently taking or have recently taken and any other information relevant to the reliability of, or explanation for, a positive test result.

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Signature

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Print Name (First, Middle, Last)

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Date

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Social Security Number

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Employee Address (Street)

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City, State & Zip

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Wheaton Dumont Co-op Elevator for purposes of investigation; this request applies to non-commercial drivers for insurance purposes and commercial drivers for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Sign below and fill out the following information:

- ☐ Non-Commercial Driver License
  
- ☐ Commercial Driver License

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

(Print Full Name)

NAME OF APPLICANT \_

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

**DATE OF BIRTH** \_\_\_\_\_

DRIVERS LICENSE NUMBER \_

\_\_\_\_\_  
DRIVERS LICENSE STATE OF ISSUE \_\_\_\_\_

