



Your Trusted Staffing Partner

APPLICATION FORM

Legal First Name: _____ **Middle Initial:** ____
Legal Last Name:* _____
Street Address:* _____
City:* _____ **State:*** ____ **Zip Code:*** _____
Home Phone:* _____ **Cell Phone Number:*** _____
Social Security Number:* ____ - ____ - ____ **Birthday:*** __/__/____
Email:* _____

Emergency Contact:

Name:* _____ **Number:*** _____
Relationship:* _____

Questions:

1. Are you 18 years of age or older? **Yes** **No**
2. Do you have a reliable means of transportation? **Yes** **No**
3. Are you legally authorized to work in the country where you are applying? If hired, you will need to provide proof of this. **Yes** **No**
4. Are you looking for full-time employment? **Yes** **No**
5. Are you open to working swing shifts? **Yes** **No**
6. Are you willing to work graveyard shifts? **Yes** **No**
7. If no, what hours are you available?

Sunday:_____ **Monday:**_____ **Tuesday:**_____

Wednesday:_____ **Thursday:**_____ **Friday:**_____

Saturday:_____



Your Trusted Staffing Partner

APPLICATION FORM

Position Applied For: _____

How did you discover this job opening? _____

Have you previously applied at WareWorks? **Yes** **No**

If yes, please specify when and where: _____

Expected Salary: _____

Do you have forklift certification? **Yes** **No**

Which types of forklifts are you certified to operate?

SD (Sit Down):_____ SU (Stand Up):_____ SU-R (Stand Up Reach):_____

CP (Cherry Picker):_____ CL (Clamps):_____ EPJ (Electric Pallet Jack or Riding Jack):_____

Applicable Skills / Qualifications:

Education History

School Name and Location: _____

Diploma? **Yes** **No**

Year:_____ Major:_____

School Name and Location: _____

Diploma? **Yes** **No**

Year:_____ Major:_____



Your Trusted Staffing Partner

APPLICATION FORM

Employment History: (Start with most recent)

Company Name and Location: _____

Date Started: __/__/__ Date Ended: __/__/__

Telephone Number: _____ Starting Position: _____

Ending Position: _____

Supervisor Name: _____ May we contact?

Yes No

Responsibilities: _____

Reason for Leaving: _____

Company Name and Location: _____

Date Started: __/__/__ Date Ended: __/__/__

Telephone Number: _____ Starting Position: _____

Ending Position: _____

Supervisor Name: _____ May we contact?

Yes No

Responsibilities: _____

Reason for Leaving: _____



Your Trusted Staffing Partner

APPLICATION FORM

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application. I authorize my previous employers, schools, or individuals listed as references to provide any information regarding employment or educational records. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, is withdrawn, or if employment is terminated due to false statements, omissions, or answers made by me on this application. In the event of employment with this company, I will comply with all rules and regulations set by the company in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required. I understand that employment at this company is “at will,” meaning that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment continues on that basis.

I hereby acknowledge that I have read and understood the above statements.

Signature:* _____ **Date:*** __/__/__