



Employment Application

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

WELVISTA, INC. IS AN AT WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR EMPLOYEE CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

PERSONAL INFORMATION (Complete all sections. PLEASE PRINT)

Position(s) Applied for:		Date of Application
Last Name	First Name	Middle Name
Address:	Number	Street
	City	State
		Zip Code:
Telephone Numbers:	Home	Alternate Contac Best time to call?
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If offered employment, you will be asked to furnish proof of eligibility to work in the U.S.</i>	Have you ever filed an application with Welvista before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date:	
Have you ever been convicted of or pled guilty to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>A "yes" response will not automatically disqualify you from employment.</i>	Have you ever been employed by Welvista before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates:	
Do you have any relatives employed by Welvista? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name and relationship:	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date available to begin work:		
Are you available to work: <input type="checkbox"/> Full -Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/PRN (please indicate any day/time restrictions)		

EDUCATION

EDUCATION LEVEL	NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DIPLOMA/DEGREE?
HIGH SCHOOL				
UNDERGRADUATE				
GRADUATE SCHOOL				
PROFESSIONAL/TECHNIAL SCHOOL				
OTHER (SPECIFY)				

WORK EXPERIENCE (List the last four employers. Complete all sections) Please do not say "SEE RESUME"

Start with your current or most recent position. Include any JOB-RELATED military service and assignments and volunteer activities.

Employer Name:	DATES EMPLOYED		DUTIES / WORK PERFORMED
	FROM	TO	
Address:			
Telephone Numbers:	HOURLY RATE / SALARY		
	STARTING	FINAL	
Starting / Present Job Title:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Income? (Bonus/Commission/etc.)		
Supervisor Name / Title / Department / Phone Number:			
Reason for Leaving:			

Employer Name:	DATES EMPLOYED		DUTIES / WORK PERFORMED
	FROM	TO	
Address:			
Telephone Numbers:	HOURLY RATE / SALARY		
	STARTING	FINAL	
Starting / Present Job Title:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Income? (Bonus/Commission/etc.)		
Supervisor Name / Title / Department / Phone Number:			
Reason for Leaving:			

Employer Name:	DATES EMPLOYED		DUTIES / WORK PERFORMED
	FROM	TO	
Address:			
Telephone Numbers:	HOURLY RATE / SALARY		
	STARTING	FINAL	
Starting / Present Job Title:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Income? (Bonus/Commission/etc.)		
Supervisor Name / Title / Department / Phone Number:			
Reason for Leaving:			

Employer Name:	DATES EMPLOYED		DUTIES / WORK PERFORMED
	FROM	TO	
Address:			
Telephone Numbers:	HOURLY RATE / SALARY		
	STARTING	FINAL	
Starting / Present Job Title:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Income? (Bonus/Commission/etc.)		
Supervisor Name / Title / Department / Phone Number:			
Reason for Leaving:			

Describe any specialized job-related training skills, apprentices, licenses, certifications, etc. which may be helpful to us in considering your application. You may include JOB-RELATED professional organizations, if desired.

PROFESSIONAL / PERSONAL REFERENCES (Do not include family)

NAME OF REFERENCE	RELATIONSHIP TO APPLICANT	OCCUPATION	PHONE NUMBER:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

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

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that in accepting this application, the company is no way obligated to provide me with employment and that I am not obligated to accept employment if offered.

I UNDERSTAND THAT IF I AM EMPLOYED MY EMPLOYMENT IS AT WILL, AND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, EITHER MYSELF AS AN EMPLOYEE, OR BY THE EMPLOYER. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT, UNLESS SUCH CHANGE IS SPECIFICALLY OR BY CONDUCT, UNLESS SUCH CHANGE IS SPECIFICALLY AUTHORIZED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or if I am hired, in my employment being terminated. In consideration of my employment, I agree to conform to the policies and procedures of this company.

I also understand that any offer of employment is conditioned on the completion of needed pre-employment tests and documentation, including, but not limited to, pre-employment drug testing. I will, upon request, sign all necessary consent forms.

By my signature, I certify that the answers given herein are true and complete.

Signature

Date

Welvista is an Equal Opportunity Employer as well as an Employment-At-Will company.